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MAL-BEHAVIOR VIEWED AS AN OUT-PATIENT MENTAL AND NERVOUS CLINIC PROBLEM*

EDWARD A. STRECKER, M.D.

Senior Assistant Physician, Pennsylvania Hospital, Department for Mental and Nervous Diseases; Neurologist to the Pennsylvania Hospital and Chief of Clinic for Mental and Nervous Diseases

THE principles that govern an out-patient clinic for mental and nervous diseases can never be reduced to the simplicity of organization and method that may obtain in the eye, ear, or nose and throat dispensary. From the nature of the problems that they present, neuropsychiatric patients will always remain immensely more difficult and complicated, in respect to diagnosis as well as to treatment. A major part of this difficulty naturally arises from our deficiency of knowledge concerning the etiology of mental and nervous pathology and of allied conditions.

From an analysis of considerably more than one thousand out-patients, two features are so frequently repeated that they acquire a certain significance for any one attempting to formulate a set of principles for a neuropsychiatric clinic. The first relates to the reasons that bring the patient or cause him to be brought into contact with this special service. Almost invariably these reasons may be summed up under the general heading of *mal-behavior*. The word is used in its broadest significance as opposed to good or normal or, perhaps better still, average behavior. It does not necessarily

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mean antisocial conduct, but any sort of conduct arising from disease that lowers or lessens the morale, efficiency, and progress of the individual and therefore of the family and the community. It is obvious that the individual with a psychosis who is perhaps dangerous to his family and neighbors is easily assignable to this group. Of course, the same is true of the mental deficient who is low grade enough to be a public charge, and perhaps more so of those with higher degrees of feeblemindedness who menace the community by their inefficiency, their tendency to spread disease, and especially by the frequency with which they produce new generations of deficients. However, we usually do not think of mal-behavior in connection with the child who is somewhat retarded or the adult who is suffering from the result of a trauma to an important peripheral nerve. Yet both patients not only have their own efficiency impaired, but also lower the efficiency, morale, and general well-being of the community. Unless the condition of the child is promptly corrected, he will lose the advantage of a sound educational foundation, which will lessen his chances of future success and usefulness; further, he claims an undue amount of the teacher's attention, and thus in some degree retards the advancement of the other school children. Likewise the adult, as long as he has his nerve disability, is an economic liability and he and his family are apt to be more or less dependent on society. Therefore, we have to do in each instance with a problem that involves an inability to adjust, or mal-behavior. The difference between the case of dementia praecox and the organic neurological case from this point of view is, after all, a difference of degree, and the effect on the community is of the same kind. Since every problem that comes to the mental and nervous clinic may be most easily regarded in this way, it is proposed that the principle that activates the clinic should be the *study of mal-behavior, an investigation of its causes, and an effort to correct its ill effects.*

The second principle is related to the incompleteness of our clinical and pathological knowledge. When we really do not know, it is not safe to assume or to theorize, especially if our theories mean that etiologic possibilities are to be excluded in actual practice. Even in out-patient work where

a great number of patients must be seen in a comparatively short time, it is necessary to take many steps in attempting to reach a diagnosis. For instance, a collection of vague somatic complaints may not be dismissed as essential neurasthenia. There may or may not be important underlying physical factors. At least, as a matter of simple justice to the patient, they must be carefully searched for. This makes it imperative that the clinic have access to all possible sources of diagnostic information. The resources of the internist, the surgeon, the ophthalmologist, the laryngologist, the otologist, the rhinologist, the gynecologist, the urologist, the syphilographer, and the dentist, the assistance of the laboratories of physiology, of roentgenology, clinical pathology, and chemistry, and the help of the psychologist must all be focused on our difficult problems. Our own errors and the experience of others have impressed on us the wastefulness and danger of neglecting these aids to diagnosis. Therefore, the second principle should be that the clinic be not highly specialized, but *highly generalized.*

To illustrate these points, a number of summarized case histories are presented. They are selected because they represent large groups and are, with certain individual modifications, examples of constantly recurring types. These problems and the measures required for their study, diagnosis, and treatment represent the daily routine work and demands of the clinic.

Mal-behavior Due to Physical Causes

Case 1: A Canadian soldier, twenty-three years old, before his return from the war was a quiet, bright, ambitious young man. He was the main support of a widowed mother. Soon after his discharge, there was a striking change in his personality and behavior. He became irritable, vulgar, overbearing, fault-finding, threatening, and bombastic. Employment was out of the question, as he had not the slightest realization of his responsibilities. There was paresis of the right side. The neurological examination and the serological studies pointed to central nerve syphilis, probably in a gummatous or vascular form. Under intensive treatment the

signs and symptoms cleared up and the abnormal behavior traits entirely disappeared.

Case 2: A widow of thirty-seven, who has four children, was brought to the clinic by a social worker from whose report I quote the following: "Her house showed signs of neglect; the kitchen was filled with dirty dishes. She complained a great deal about her sad life and said that every one was imposing on her. At times, she was defiant, and again wept throughout the visit, reiterating that the children would drive her insane. There was absolutely no effort to discipline the children. She spoke of severe frontal headaches. She feared that she might lose control of her 'nerves' and become violent."

The difficulty was of one year's duration. Previous to that time, she had operated a five-pound hammer at a steel mill. The patient had been under treatment for eleven months, and the diagnosis was neurasthenia.

During the first ten minutes of the examination, it was discovered that the blood pressure was 215. Further study made it evident that this woman's mal-behavior was largely conditioned by important organic changes of which the unusually high pressure was one manifestation. Under proper treatment, which will begin with rest in a convalescent home, it is probable that this patient can be restored to some degree of efficiency and usefulness.

This case illustrates the fallacy of neglecting the *ordinary* means of diagnosis. If we disregard them, we may easily be led into grave errors whose consequences may have to be reckoned in terms of life.

Case 3: A married woman, twenty-eight years old, who has four young children, was brought to the clinic because her house was filthy and she was apathetic about herself and indifferent as to the condition of the children. According to the Binet scale, she was nine years old. At the time of her marriage in 1911 and for several years following, she had been apparently normal.

The physical examination was interesting. The patient was heavy and slow. There was thyroid struma. The skin and underlying tissues were myxœdematous; the hands and fingers were thick and puffy, and the features coarse; the

pulse was sixty. The tonsils were greatly enlarged. Basal metabolism was low. There seemed enough clinical evidence to justify a diagnosis of hypothyroidism.

Under thyroid medication, there has already been very definite improvement. The weight is fifteen pounds less, and the physiognomy is more distinct and clear-cut. The patient is brighter, more interested, and takes better care of her children and house. The outlook for the future is very promising.

Case 4: A girl of twelve was brought to the clinic because she was "backward," "troublesome," and constantly being returned as "undesirable" by the various families with whom the aid society attempted to place her. The consensus of numerous opinions was that the child was forgetful, sluggish in her movements, gluttonous, indifferent, and sleepy. So hopelessly was she outclassed at school that it seemed useless to continue to send her.

Examination revealed a girl 61 inches in height, weighing 165 pounds, with a relative increase in the length of the long bones. There was a pathological amount of fat. Intellectually, the patient was 7.5 years old. We were able to determine by certain bio-chemical investigations that there was an usually large tolerance for glucose and other sugars, which disappeared under large doses of pituitary extract. Appropriate therapy has resulted in a brighter child, no longer apathetic, gluttonous, or physically sluggish. A very fair degree of school progress is being reported.

Here are four mal-behavior problems dependent on physical causes. The determination of the diagnosis, which was absolutely necessary in order to interpret the conduct disorder, was not as simple as may appear from the brief summaries. We had to go far beyond routine methods and seek the help of the more unusual procedures. For instance, without the roentgenologist and the bio-chemist, we could not have reached a logical conclusion. This method of approach is expensive, but it is absolutely necessary and is very apt to produce results. Psychiatry, as applied to even out-patient work, must therefore undertake more than mere formal physical, mental, or psychological examinations. It must

take advantage of every refinement and advance in modern medicine if it ever hopes to unravel the tremendously complex puzzle of human behavior.

Mal-behavior Apparently Dependent on Psychogenic Factors

The following is an example of a wholly different problem:

Case 5: A young man of twenty-two, formerly bright, efficient, a hard worker, but overconscientious and inclined to be introspective, returned from the war in a very serious mental state. He was depressed, and although there was considerable insight, he viewed the future as very dark and threatening and his thoughts easily turned to suicide.

Physical examination revealed a general condition of fatigue, but no organic disease. After a modified rest treatment, he was approached from the standpoint of mental investigation and suggestion. Finally our patient told us of a sexual irregularity of a rather serious character that had occurred eight years previously. It is impossible to evaluate properly any factor, particularly a psychogenic one, but the patient did experience evident relief after he had confided his "terrible secret," and improvement set in when this episode was placed before him in its true light. It was ultimately possible to reëducate him to a practically normal point of view.

Case 6: A young woman of twenty-eight presented many inhibitions. She termed them "influences" and was hopeless about the future unless they could be removed. They interfered with every act of daily life, even with her speech, her gait, and her thoughts. A long process of reëducation has seemingly enabled her to make an adjustment and go on with her life. It is interesting to note that there were or had been practically no unusual mental or actual sexual situations and that other difficulties were much more significant. Incidentally, there was a moderate degree of pyorrhea, which was treated.

Here we have two patients in whom there were conduct disorders severe enough to interfere with even the ordinary routine of social intercourse. There were apparently only

minor physical disturbances, and therefore psychiatry as applied to them, as far as we could determine, meant the unraveling of situations that had a pathologic-psychogenetic basis.

Conduct Disorder with a "Mixed Etiology"

Case 7: A widow of twenty-eight was brought to the clinic because she neglected her four young children. She was "nervous," worried, cried frequently, and constantly felt a lump in her throat. There was insomnia, headache, "sparks" before the eyes, a numb sensation in the hands, and a feeling in the head as if two close-fitting wheels were "grinding together."

This patient inherited a neurotic make-up. Further, there had been several unusual and terrifying experiences. At the age of twelve, she had discovered her father hanging from the staircase—a suicide. Shortly before this, she had witnessed the death of an older sister by drowning. Some years later there was a fire in the factory where she was employed, and the patient became rigid and unconscious. Her husband died of tuberculosis about a year ago.

We began our study of this patient with a thorough physical examination, which revealed an inactive tuberculosis, a beginning hyperthyroidism, a badly lacerated perineum and uterus with inflammatory discharges, advanced pyorrhea with many apical abscesses and a chronic otitis media with an offensive discharge.

The course of treatment was first complete rest in a convalescent home; then the teeth roots were extracted, the ear condition cleared up, and the torn pelvic structures repaired by operation.

Hand in hand with these reconstructive measures, there were psychotherapeutic treatments. After the patient's confidence had been gained, she talked freely of her life, which had been filled with disappointments and trials. She was undoubtedly helped by an attitude *of understanding, not of sympathy,* and given a more hopeful viewpoint.

The following case is somewhat similar:

Case 8: A girl of eighteen was brought to the clinic with the idea of having her committed to a mental hospital. She

had been ill for three years, following an ear operation. She complained of a constant whirring sound in the head and said that people and things seemed unreal as if they were "far away." She had laughing and crying spells and was very seclusive. A private physician told her she was "affected," and then she attempted suicide by drinking lysol.

In the physical examination were discovered moderate anæmia, rhinitis, a severe purulent otitis media, and a possibility of internal hydrocephalus.

The plan of attack was similar to the one adopted in the previous case in that it was a combination of physical therapy and psychotherapy. As a measure of treatment, she was permitted to assist as typist in the social-work department. After some months, this patient had regained enough confidence and stability to take a position with a large publishing house. Recently she was offered more important work at an increase in salary. She is doing very well and is entirely recovered.

These two cases may be properly designated "mixed" because there were physical and psychogenic factors, both of which were important. No single method of therapeutic attack was indicated. In other words, if the physical condition had not been discovered or had been neglected, then even the most expert psychotherapy would have been utterly futile. On the other hand, if the point of view had been exclusively organic, then even careful physical attention would have left an unfinished problem. It seems imperative that a psychiatrist be not committed to any single outlook or else he will be helpless in the face of many situations that must be met.

Mal-behavior Resulting from Economic and Environmental Factors

The following two cases may be briefly summarized to show the effect of economic and environmental circumstances:

Case 9: A child of thirteen did not get on well in school and was listless and indifferent. Her psychometric age was nine years. There was no organic disease, but a general appearance of poor nourishment. The family were instructed in the principles of hygienic living and food values. The

coöperation of the teacher was obtained. Now our little patient proudly brings her monthly school records to the clinic, and they, together with the reports of the teacher and social worker, indicate that she is rapidly forging ahead in her class.

Case 10: An even more simple problem is furnished by a rather bright boy of nine. His Binet age is 8.5 years, but he is only in the second grade. He is the ward of an aid society and the victim of numerous placements. Necessity forced him to attend at least a dozen schools, and never did he have an uninterrupted term of schooling. A permanent placement and special training will soon bring this patient up to the average level.

Psychotic Mal-behavior

Case 11: A woman of thirty-four, separated from her husband, has the following history: Constant domestic difficulties culminated in a divorce, with all but one of five children, a seven-months-old baby, placed in the custody of the husband. It was shown in court that the mother had neglected the children, did not send them to school, and spent much time on the streets. She dressed beyond her means in odd, conspicuous clothing, and went to the "movies" with other men. The husband asserted that she was lazy, extravagant, had a violent temper, and often threatened to do him bodily harm. The patient was examined at this time and diagnosed psychoneurotic. She was then cared for by a social agency, but was so unreliable and so utterly unable or unwilling to coöperate that she was brought to the clinic for examination.

The patient has distinct delusions of persecution, all referred to her husband. He annoys her in every possible way, hides behind poles to spy on her, induces women in the neighborhood to accuse her of immoral conduct. There are visions that make "mean" remarks. At times she has gastro-intestinal pains, which are due to poisoned food. Her husband wants to kill her so that he can marry another woman.

Here is a reaction that is due to a psychosis. It is not only a type of mal-behavior, but is an active antisocial tendency springing from a delusion. It may lead to serious conse-

quences—even to homicide. The application of psychiatry in this instance made possible the admission of the patient to a hospital for mental diseases.

Mal-behavior in Constitutional Psychopathic Inferiority

The following three cases belong to the same group and represent gradations of varying intensity:

Case 12: A colored girl, aged seventeen, was brought to the clinic for a decision as to whether she should be sent to a reformatory. According to the history, she is a ward of an aid society and has had several placements. One of them was moderately successful; in another, she evidently gave considerable trouble. She was accused of sullenness and disrespect, of lying, and of pilfering several small articles. The patient herself admitted her ill-behavior. An impartial investigation of the placement makes it altogether probable that there was not only injudicious, but also harsh treatment.

Examination revealed a mentally retarded, not mentally deficient girl with some of the stigmata of congenital syphilis. The serology was negative. The patient was somewhat inadequate and corresponded to the so-called psychopathic-inferior type. She had some fairly reasonable plans in mind and wanted to learn how to be a good cook.

Here is a type of mal-behavior probably conditioned by both heredity and environmental factors. As there seemed to be a fair chance for reconstruction, a new placement was reommended. The patient will be carefully supervised by a social worker.

Case 13: A more difficult situation is presented by a woman of forty-four with the following history: There are six children, all illegitimate, "by at least three different fathers." "The patient formerly earned $30.00 a week as a restaurant cook, but gave up the work because it was too hard. She refuses to give up a male lodger or to send the children to the day nursery."

Examination and observation at the clinic showed that the patient is not mentally defective. She is unmoral rather than immoral, with practically no appreciation of the seriousness of her lapses. At first we were inclined to take steps at

once to attempt to remove the children, but finally decided to make certain minimum requirements and to give the patient an opportunity to try to live up to them. The following considerations entered into this decision: The woman is apparently genuinely fond of her children and takes reasonably good care of them. She has probably abandoned her immoral life. Furthermore, she is past the child-bearing period.

There has been some encouragement. She has returned to work, and the boarder has left the house. We are not at all certain that our plan will be successful. However, with supervision there is no great danger, and it is just possible that if this woman is kept up to the limit of her capabilities, she may fill a place in life with some credit and find satisfaction in keeping her children together.

Case 14: The third patient of this series is a white woman of thirty. For a number of years she lived with a Negro, twenty-three years her senior, and by him had five children. This man already had a common-law wife and five children. The patient became pregnant by another man, who has active syphilis. Through an order of the court, they were married and lived together. There are details of various sexual perversions, which need not be included in this report. The home conditions investigated by an experienced and careful social worker are beyond description.

This woman, when examined at the clinic, was perfectly frank. She had absolutely no appreciation or understanding of the enormity of her own moral and social degradation. Her moral sense was less acute than that of a child of five. Intellectually, she was not deficient to a committable degree.

Here is a case about which we need not hesitate as to the course to be pursued. Steps have already been taken to have the children removed from the pernicious influence in which they have been living. If it is at all possible, the woman will be segregated. Unless this or something similar can be accomplished, we venture to say that in the future the social liabilities that may be traced to this woman will eventually rival those of the well-known Kallikak family.

These three patients belong to the constitutional-psychopathic group which is ill defined and has many ramifications. Here we find the inadequate personality, the criminal, the

moral degenerate, the sexual pervert, the paranoid personality, the emotionally unstable, the pathological liar, etc. Here we may look for not only mere deviations in conduct, but often vicious and asocial behavior, which threatens not only the individual, but the stability and progress of society in general. It is much more dangerous than frank, committable feeblemindedness, because often these constitutionally inferior individuals fall short of the commission of overt acts, and the medical viewpoint is frequently not acceptable to legal judgment. Fortunately some of these patients are at least partially responsive to environmental control and reconstructive and supervisory measures. The psychopathic state seems to be the product of congenital handicaps plus training deficiencies.

Feebleminded Mal-behavior

Case 15: A girl of twenty was brought to the clinic for an opinion. Her specific form of mal-behavior was represented by a seven-months-old illegitimate child. Examination demonstrated that the patient was an imbecile. A consideration of her history forces the conclusion that she should have been placed in an institution for mental defectives two and a half years before; the illegitimate child could thus have been avoided. At that time the patient was in a hospital for mental diseases. She remained there for three months, was carefully studied, correctly diagnosed, and discharged with the recommendation that she be placed in a suitable institution. This advice was not followed and the delay has meant the birth of an illegitimate child. Unfortunately, mental deficiency is largely a question of heredity.

Comment

Let us briefly consider these fifteen cases from the following standpoints: the type of mal-behavior presented and its effect not only on the individual, but also on the family and community, the cause of the conduct disorder, the diagnosis, and the outlook, not only in a personal sense, but also in its broader social significance. In the first place, thirteen individuals were made absolutely inefficient and two children partially so. Further, in eight instances a family or depend-

ent was directly affected by the inefficiency and disability of the main source of reliance. Twenty-seven children were neglected. One of these, an infant, was physically endangered through exposure; and five children were constantly in the presence of syphilis in a dangerous stage. One case might have eventuated in suicide; another in homicide. Almost every patient was a dead loss to the community and necessarily lowered the social morale. In addition, one woman was a public menace because of threatened violence; one constitutional psychopath, who had already given birth to four illegitimate children and was extremely apt to have more, furnished also a constant source of danger to the community as her husband was passing through a virulent stage of syphilis; and a feebleminded girl with an illegitimate infant was permitted to be at liberty at the beginning of the child-bearing period. Could out-patient psychiatry ask for a more fertile field on which to expend its labors?

Although our fifteen patients show marked personal variations in the type of mal-behavior presented, still these may be reduced to four main headings—physical, psychogenic, economic and environmental, and congenital. In four instances, there was a distinct physical reason; in two, the underlying factor, as far as could be determined, was psychogenic; in two, there was an admixture of physical and mental mechanisms; in two, economic and environmental factors were at fault; and in the remainder may be recognized the influence of this latter element and inherited defect, sometimes the one and sometimes the other being the more prominent.

The final diagnoses were as follows: cerebro-spinal syphilis, hypothyroidism, heart and kidney disease, hypopituitarism, mental retardation, psychosis, psychoneurosis, constitutional psychopathetic state, and imbecility. Seven of the patients had been previously studied by medical and social agencies and an opinion had been formed. A case of supposed paresis proved to be a more hopeful form of syphilis; two "neurasthenics" in reality had heart and kidney disease and thyroid deficiency; one "psychoneurotic" was dementia praecox; and three "feebleminded" children were only retarded, one because of hypopituitarism, and two as a result of economic and environmental factors. Thus, in all but one instance the

outcome of extended study resulted in a more optimistic viewpoint. What has been accomplished by bringing these patients to a clinic for mental and nervous diseases? In other words, has there really been an intelligent application of psychiatry to the problems of mal-behavior? Has it been worth while? What has been the net gain to the individual, to the family, and to society? Six patients recovered, which means that five adults became self-sustaining, directly affecting five dependents, four being children, while the sixth case, a child, was practically restored to a normal intellectual level; five patients were greatly improved as to personal efficiency and self-supporting powers, which meant that the condition and environment of fourteen children were very favorably influenced; two patients, one mentally ill and one defective, have been placed in proper institutions. One child has been separated from a mentally abnormal mother, another from an imbecile parent, and five removed from a hopeless and dangerous environment. The public has been saved from possible violence and protected from a source of venereal disease. Multiply the number of patients by fifty or one hundred and it would seem that the gain to individual, family, and community has been marked enough to constitute a convincing argument for the importance and value of the application of psychiatry to conduct disorders as met in an out-patient clinic.

The final lesson which these cases should teach concerns the attitude of mind with which the physician should study the patient. It is evident that no single method or theory would have served in every instance. In other words, the general problem of mal-behavior is exceedingly complex and will not yield a solution to any one system. It may rest on a physical, psychogenic, congenital, or environmental basis, or on combinations of two or several of these factors. In the present state of our knowledge, too much enthusiasm about any school or belief may be dangerous. It should be feasible to have all possibilities in mind and be individual and open-minded enough to follow the rational one for each patient.

PSYCHIATRY AND "SCIENTIFIC PSYCHOLOGY"

JOHN T. MacCURDY, M.D.
New York City

IN the last issue of MENTAL HYGIENE, the writer had occasion[1] to mention the antagonism at present existing between psychiatrists and what we may term "academic psychologists." Approaching the problem of human behavior from two widely separate angles and examining phenomena of different types, each school has ventured rather sweeping hypotheses to cover *all* mental phenomena. Since these hypotheses are in conflict, their proponents have not been scientifically friendly. This puerility could be ignored by the general public were it not for the fact that each school is desirous of applying its theories to the solution of pressing social problems and is resentful of the presence of the others in the field. Both the psychiatrists and the psychologists insist that they are the ones who should direct the study and treatment of those mental abnormalities which lead to social unrest, economic insufficiency, and crime, as well as to frank nervous and mental disease. What has been a private professional quarrel is becoming one in which the public will be forced to participate. If this interference is to be intelligent, the public must know something of the claims, and the basis for them, of each of these groups.

The subject is a large one, and no single article can touch upon more than one phase of it. It is proposed now to discuss one publication[2] of an avowedly polemical nature, as it is typical of the arguments of the academic psychologists. The author holds a distinguished position both officially and professionally, and claims to speak for his school. It is true that his attack is directed against one subgroup of psychiatrists—the psychoanalysts—but his basic arguments are against the

[1] In a review of H. L. Hollingworth's book, *The Psychology of Functional Neuroses.* MENTAL HYGIENE, Vol. V., pp. 181-189, January, 1921.

[2] *Mysticism, Freudianism, and Scientific Psychology.* By Knight Dunlap. St. Louis: C. V. Mosby, 1920. 173 p.

methods and hypotheses of many psychiatrists whose field of inquiry is clinical and who find the hypothesis of unconscious mental operations to be essential. It is, therefore, safe to assume that Professor Dunlap is really inveighing against those who work from another standpoint than that of the academic psychologists, rather than against the followers of Freud alone. In making the latter the target for his criticism, he shows tactical wisdom. "Freudianism" has become dangerously popular; there is no control over those who practice or preach it, and in consequence the wildest, most uncritical claims have been published. To fill a book with quotations of this order would be a simple task. If Dunlap's publication were written to warn the public against these excesses alone, it would have great value. Unfortunately, however, he uses this situation to provide atmosphere for an attack on principles fundamental in much psychiatric work and theory. He endeavors to show that the psychoanalytic "unconscious mind" is a scientifically pernicious hypothesis, historically the child of "the philosophical mystic's third kind of knowledge" and practically identical with it. Behaviorism is similarly tainted by its origin in the unscientific doctrine of psycho-physical parellelism. The one true light shines in the study of the "scientific psychologist." This raises a direct issue, not of the expediency of one method of study or another, but of scientific logic. His work, therefore, challenges criticism. Are his criticisms logical? Is his own theory free from logical error? If so, there can be no doubt that opposition to his school should be smothered. He does not look for the relative truth of one view or another, but claims the absolute.

The matters involved are so fundamental, scientifically as well as socially, that the issue should be met and the question settled in the open light of public discussion. If what he alleges be true, the progress of science will be impeded by the spread of psychoanalysis and this psychiatric viewpoint generally, and public opinion should be aroused against them. Should he be as flatly wrong as he claims his opponents to be, a similar nemesis should, presumably, overtake him and his works. The layman, who ultimately supports both the practice of medicine and the teaching of psychology, is

entitled to hear the argument. Hence this review. When the dust rolls away, the judge will probably decide that each combatant was guilty of trespassing on the other's proper field of labor, and will reserve his condemnation for him who has fought unfairly.

Professor Dunlap's book of 173 pages is divided into three chapters, dealing severally with the history and nature of mysticism, with the theories of psychoanalysis, and with the methods of "scientific psychology." The text is written with admirable clearness, which makes its reading as easy as that of any such work can be. The critic's task is lightened by a flat dogmatism of statement, which frees one from the fear of misunderstanding the argument and of being unfair in consequence.

The discussion of mysticism may be briefly digested. There are two recognized kinds of knowledge—the sensuous and the intellectual, or the perceptual and the ideational, or, as Dunlap prefers, "the knowledge of sense perception" and "the knowledge of inference and reason." For at least fourteen hundred years, mystics in Europe have insisted that there is "a *third kind of knowledge,* which, according to the mystic evaluation, ranks higher than either of the other two. It is not necessarily higher in the sense of being more complex, or of being the result of a longer temporal course of development, but higher in value. This theory of a third kind of knowledge is the essential and fundamental point in mysticism."

"In so far as we are able to examine and analyze the mystic experience secondhand from the reports of the mystics, we find certain characteristics which make it probable that the mystic experience is actually an intense emotional state—which, indeed, leave us little reason for supposing that the experience is anything other than emotional. On this account we have no reason for attempting to explain the mystic experience on other than common psychological grounds, and we have, therefore, no reason for doubting the facts of the experience and the good faith of the mystics in their attempts to describe it. In ecstasy or union—the noetic state which transcends all psychological cognition—the really cognitive elements are induced well towards the zero point,

leaving an emotional state which is almost purely affective and which is evidently exceedingly intense. The mystic's description of his own experience, far from being futile, is indeed highly significant. According to the mystic's claim, the experience is transcendent; above intellect and above sense; in other words, purely emotional! * * * To a man whose ultimate goal is the acquisition of philosophic knowledge, but who has despaired of attaining that knowledge by ordinary lines of procedure, and who is in a condition of unhappiness and disappointment because of his failure, what is more natural than that in recalling the unusual and remarkable state of supreme satisfaction he should conclude that the joy was due to the attainment of that for which he had so long striven; since beyond that attainment he would ask no higher satisfaction? It is true that he cannot describe this illumination, he cannot even recall it; obviously, then, the knowledge was above description and above recollection."

"A universal characteristic of the mystic, which impels him to the mystic way, is a dissatisfaction with the scientific method and with scientific results. The mystic is essentially a tender-minded person who finds the hard labor and slow progression of science toward attainment of knowledge intolerably discouraging. Progress is so slow, and the goal so infinitely distant, that his soul 'melts within him.' It requires a high degree of hard-mindedness to be content with scientific progress, to bear the heavy weight of logic and intellectual clearness, and to be satisfied with the fact that the direction is right although the way is long." That Professor Dunlap means this literally, that he believes the mystic deliberately abandons the test tube to search for the third kind of knowledge, is shown by the following:

"The tender-minded person longingly raises his eyes from the rough and tiresome road of science to look with despair toward the (to him) uninspiring goal, and soon ceases to struggle onward. In desperation he seeks some short cut, some route which will be free from the handicaps and difficulties through which science finds its way; and, finding a route which promises ease, he eagerly accepts it. Oppressed, discouraged, despairing of the simple and easy solution of the problem of human life; realizing that the attainment of

scientific knowledge is laborious and slow to the point of impossibility; conscious of his inability to make and keep the exact logical distinctions which the imperious goddess of reason demands, the scientific straggler welcomes the glowing dream in which, by waters of illusion, he is in possession of the simple satisfaction which the hard taskmistress, Science, has denied him."

If this were written exclusively to account for the presence of mysticism at the present day, when exploration in the field of the natural sciences is so popular, there might be some excuse for it. But did the mystic of a thousand years ago leave his laboratory experiments in weariness to seek the same knowledge in an emotional experience?

A much more important point is this: mysticism is not explained by calling it an emotion. This is merely pigeonholing the problem. It is not a common, everyday emotion and must have some specific cause. What is this cause? As to this Dunlap is silent. His only words are as to motives for the adoption of mysticism as a philosophy; there is not a syllable of explanation for the experience. This is the first example of what runs through the whole book—namely, an indifference to phenomena for which his formulations do not provide a happy explanation.

Having established mysticism as a type of philosophical thinking, he turns to the discussion of psychoanalysis. With a running comment of sarcasm and ridicule and with a joyous accentuation of the more extravagant statements and claims of some psychoanalysts, he nevertheless presents the basic elements of this new movement, and quite fairly he confines most of his argument to a consideration of these fundamentals. These are: that there is an unconscious mind having knowledge, ideas, and memories of which the normal personality has no awareness—this unconscious mind has its own awareness; "the most important of the ideas or furniture of the mind [i. e., the mind as a whole] are *desires,* which are instinctive productions of the human mind;" when these desires come into conflict with others of the personality, the former may be repressed into the unconscious and continue to reside there indefinitely; these repressed desires, theoretically, have suffered opposition on many grounds, but

practically psychoanalysts find that the more important ones have to do with sex tendencies, particularly those of incest and homosexuality; these aberrant sex cravings originate in childhood; the unconscious repressed desires operate indirectly to produce neurotic symptoms, dreams, and many anomalies of behavior and thought in normal life; finally, symbolism plays a large rôle in the mechanisms of production of these phenomena. Mere mention of these claims is all that this review can attempt; adequate discussion would fill a volume, and it is presumed that the reader has already gained some familiarity with the literature of psychoanalysis.

A number of these claims Dunlap meets with flat denial or ridicule. We do not need to concern ourselves with such "arguments." He does attempt, however, to meet other psychoanalytic tenets with logical rebuttal, and these are the objections that we must consider.

Criticism is directed against the method of collecting evidence which he terms the "anecdotal" or "historical" method. This is the collection of observations made under circumstances that cannot be reproduced at will for experimental purposes. "The mere statement that such and such a thing happened in a particular case under certain circumstances is inconclusive because one can never be certain either that the description of the circumstances is sufficiently comprehensive—that is, that certain important details are not omitted from the account—or else that certain details specified in the account are not erroneously recollected." There can be no doubt that deductions drawn from experiment are more valid than those from observation of phenomena beyond our control, but research of the former order is confined to physical science in its narrowest sense. Had Dunlap paused to consider this, he would have realized that a large part of scientific investigation is concerned with the examination of processes continually in flux, where we can have little or no control of the factors involved. To take an extreme example, exclusion of the anecdotal method would eliminate from consideration Halley's observation of the comet that bears his name; in fact, all cometary observations would be open to this criticism. Except in so far as symptoms can be reproduced experimentally under hypnosis, all psychiatric material is anecdotal.

A corollary is more worthy of consideration. This method, Dunlap says, is peculiarly liable to the error of arbitrary inference. Certain data are selected for consideration and others neglected, the selection being made to suit a preconceived hypothesis. This is a valid objection; it is probable that the eccentric and exaggerated conclusions of many psychoanalytic writers are traceable to this source of error. Nevertheless, Dunlap has failed to take into consideration two factors. The first is that all the careful disciples of Freud test their interpretations, not only by their availability as explanations of the phenomena studied, but also by their conformation to general psychoanalytic principles. The latter inhibits arbitrary inference, although it introduces the factor of preconceived hypothesis. The preconceived hypothesis is in turn to be justified or rejected on the basis of the frequency with which the inferred explanation is found adequate to account for the phenomena. This is the method universally employed in biological science: all its conclusions must be tentative by reason of the nature of the material, and they become acceptable only when a large series of observations seems to confirm them. That psychoanalysis lends itself peculiarly to the fallacious reasoning of arbitrary inference is not ascribable to the method, but to the material and the deficiencies of many psychoanalysts. The second point neglected by Dunlap is this: he fails to realize that a fundamental working hypothesis of psychoanalysis is specific determinism of symptoms. For instance, he quotes from Freud the story of an accident in which a woman broke her leg. Freud so tells the circumstances as to make it appear that the woman unconsciously wished to have her leg injured and contrived the accident unwittingly. Dunlap rejects this because "the nervous excitement resulting in defective integration and faulty coördination could actually be causes of an accident." What Dunlap is talking of are predisposing causes; some kind of an accident is *liable to occur* in such a situation. Freud is here interested in the cause of the particular accident which *did happen*. Dunlap regards Freud's hypothesis as gratuitous because he fails to see the problem. Before the discovery by Koch of the tubercle bacillus, most physicians were content to look only for predisposing causes in pulmonary tuberculosis.

His most urgent and often repeated argument is against the concept of the unconscious mind. He reasons as follows: "Consciousness" has been used in many senses loosely, but should be confined rigorously to the process of *awareness;* biological processes accompanied by this awareness are psychological processes, others are physiological. As an example of what he means by "physiological," the following may be quoted:

"We do not, of course, suppose that what is forgotton still exists, in the same form as before, but stored in an 'unconscious warehouse' of the mind. An idea is not a thing like a written document which, after being in the active files, is taken out and stored in the transfer case. It is more like an act, such as snapping the fingers or striking a blow. I may snap my fingers ten times in succession; but no one supposes that the snaps have an individual existence afterwards and are somewhere stored away as snaps which are no longer snapping. No more does scientific psychology conceive of 'ideas' as something which can be stored away after they are through 'ideating.' In the one case as in the other, there is a physiological basis which is modified by the act in such a way that the act can be repeated at a future time."

To the unconscious mind, psychoanalysts ascribe functions that have conscious attributes and at the same time lack awareness. The hypothesis is therefore untenable. A few quotations exemplify this argument.

"Clearly in the Freudian system appears the fundamental anti-scientific postulate of mysticism: a form of knowledge—consciousness—which yet is not consciousness, something which, when it is convenient for the purposes of argument, can be given the attributes and qualities of consciousness, but which, when these attributes are inconvenient, is entirely divested of them. To this mystic knowledge in the Freudian system, as in that of philosophical mysticism, is ascribed an importance far above that of consciousness itself. The essential difference in the two theories is that whereas the philosophical mystics ascribe a purely intuitive value to ecstasy or union, the Freudians, in addition to the enormous intuitive importance—the unconscious includes a knowledge of all the experiences through which the race has passed—ascribe

to it definite and practical physiological consequences. In comparison with philosophical mysticism, then, psychoanalysis stands out not so much as a mere variation on a theme as a gigantic expansion of it."

"The use of the mystic postulate, by removing the discussion from the galling restrictions of logic, makes explanation very easy. The standard psychoanalytic explanation of action and of consciousness alike is that they arise from the unconscious (or foreconscious or subconscious). If this term is taken in a definite sense, the explanation disappears, since it means nothing more than that the activities and the consciousness of human individuals are dependent on physiological processes; or else it means that the activities arise in consciousness, leaving the causes without explanation. To be more specific, an unconscious wish either is an unconscious physiological process, in which case it is not a wish; or else it really is a wish, in which case it is conscious."

In discussing an "analysis" by Jung of the conduct of a priest, Oegger, in a story by Anatole France, Dunlap remarks: "Assuming Jung to mean that Oegger's action was due to his unconscious wish to be a Judas, we may ask: did he have such a wish or did he not? If by 'wish' we mean something which we define from our own experience, Oegger either had a conscious wish or no wish at all. The Freudians' claim that there can be a wish that is not a wish is the making of a claim that there is something other than the wish of ordinary experience, which they will insist on calling nevertheless a wish; and which really has no connotation except the connotation derived from the wish of conscious experience."

"The false reasoning consequent on this use of an important term in two different significances is the well known logical *fallacy of ambiguous middle,* one of the devices most favored by all the great company of slipshod thinkers. By emphasizing now one meaning, now another meaning, of the term, dubious transitions may be made with ease, and a principle may be applied over a much wider range than exact logic would permit. If, as Jevons remarks, we argue that 'all metals are elements and brass is a metal; therefore, it is an element,' we should be using the middle term 'metal' in two

different senses, in one of which it means the pure simple substances known to chemists as metals, and in the other, a mixture of metals commonly called metal in the arts, but known to chemists by the name 'alloy.' "

"The result of the fallacy of ambiguous middle as employed by the Freudian in such cases is that it gives a specious explanation, comforting to his demand for easy, but final knowledge, and relieving him of any tendency to seek for actual scientific explanation."

One may discern in all these quotations that Dunlap pays no attention whatever to the question of the presence or absence of phenomena on which the psychoanalytic hypothesis of unconscious activity is based. Nor does he discuss the inherent validity or uselessness of the concept of the unconscious from a general philosophical standpoint. What he does do is arbitrarily to define terms so that they make the concept illogical and impossible. One may in fairness criticize the use of terms as a matter of teminology or criticize the concepts represented by these terms. But to criticize the concepts on the basis of the terms is to descend to the type of reasoning employed by many savages who regard names and the objects named as identical. Psychoanalysts and Dunlap agree in delimiting "consciousness" to awareness. Dunlap says there is no other psychology, but only physiology. Psychoanalysts discuss what he terms "physiological" processes as being psychic in their nature. If they are right in ascribing strictly mental qualities to these processes, then the hypothesis of unconscious mental activity is tenable. The issue is one of fact, of evidence, not of "logic." If evidence can be adduced of ideas being present and taking part in intellectual operations which are beyond the awareness of the subject, then the psychoanalysts are justified in their assumption.[1] If this cannot be shown, then Dunlap's terminology

[1] The evidence in favor of the hypothesis of the unconscious is of the same order as that supporting the theory of hormones in physiology. Most of these substances cannot be isolated, weighed, or chemically examined; they are known only by their effects, which are specific, although their origin in certain tissues may be demonstrable. If a physiologist were to argue like Dunlap, he might say, "Physiology deals with elements that have definite morphology or can be examined by chemical and physical means. Hormones cannot be so examined; therefore they do not exist."

is adequate and his argument redundant. The question of evidence he avoids by excluding the psychoanalysts' observations as "anectodal."

Unfortunately for him, there is other evidence, not open to this criticism, as it is definitely experimental. Hypnotists have for decades reported phenomena which make the hypothesis of unconscious mentation inevitable. And Dunlap is not ignorant of this. He attempts to dispose of it in this footnote: "We are, moreover, not arguing against the possibility of real cases of 'divided personality,' to certain details of which Morton Prince has applied the term *co-conscious*. These cases must be examined, clinically, experimentally, and analytically, unprejudiced by Freudian or other theories of unconsciousness, and in the full light of the facts of integration, retention, and recall. Psychologists are not yet ready to make final conclusions concerning the mechanisms involved in these cases, and there is little use in dragging them into the present discussion. We may for the moment ignore their problems, as the Freudians have done." Now Morton Prince has some standing, so much so that, although he has given his life to a study of the "unconscious," Professor Dunlap dedicates his book to him. Prince has examined these cases precisely from the standpoints of integration, retention, and recall, and concludes that there are mental processes of which the subject is unaware. Both observations and conclusions have been published extensively. Apparently, however, observations are negligible unless made by the guild of psychologists. One would think that a scientist engaged in the discovery of truth would refrain from publishing such a book as this until evidence purporting to annihilate his theories could be examined by himself, if he could not trust the word of the man to whom his book is dedicated.

If his "fallacy of the ambiguous middle" were proved, the whole psychoanalytic system would fall to the ground and no more words would be necessary. But Dunlap keeps on protesting, and since logic is his plea, it may be worth while to examine his arguments. He speaks of the "unconscious" being a postulate. It never has been this, but always a hypothesis introduced to account for real or alleged facts. *His* categories of conscious psychology and all else physi-

ology conform, however, to the definition of a postulate, closely if not completely. He frequently uses that facile argument to trap the unwary, the false analogy. The following is an example of this: "The things in Africa or the things of which I thought yesterday may exist or they may not exist to-day. If I am not thinking of them or perceiving them, they certainly are 'in the unconscious' (if they exist at all) in exactly the same sense as that in which the whole universe or those major parts of it of which I do not happen to be conscious are 'in my unconscious.'" It is amusing to note that immediately after his footnote about Morton Prince's work, he seems urged to indulge in his most illogical flights. The first is such an obvious confusion of his and the psychoanalysts' terms as to suggest that it is wilful: "It may be claimed that unconscious mental processes occur without our being aware of them. This is verbal quibbling, with a vengeance. The consciousness of which we are speaking is awareness: we are, so far, not concerned with any sort of mental processes than those in which consciousness occurs. In no case do we say that we are aware of the awareness; awareness is always awareness of something else. To say that we are aware of something and at the same time not aware of it is quite meaningless."

The second flight begins with the only fair statement of the psychoanalytic theory of the unconscious that he presents. This he demolishes by sliding gently from "unaware" to "unknown" and then "nonexistent," assuming that the reader will not notice the substitution of one synonym for the other:

"Sweeping aside the terminological confusion in which the believer in 'unconscious mental processes' commonly lurks, he might state his claim as follows: In addition to mental processes—i. e., organic processes involving consciousness (awareness)—there are other processes which, while they do not involve awareness, involve something which is more than mere physiological process: something resembling consciousness, but not conscious. This 'unconscious mental' factor is therefore an x, an unknown, and cannot be pointed out in any definite experience. [We presume he means that there is no awareness of it. Much alleged evidence of its effects he

admits having read.] Such an hypothesis might be made. One might also hypothesize a *y* factor, a *z* factor, and an infinity of other factors, all equally unknown, equally beyond experience. But science does not indulge in the positing of hypothetical entities whose only qualification is that, they being unknown, we cannot know that they do not exist. Hypotheses which are by their nature removed from any possibility of verification are never constructed in science." What seems to us a fair analogy would be this: Let us assume that there is a force we will call *x* which would tend to draw an object to the ground; this *x* cannot be seen, touched, tasted, smelled, or heard. We might also hypothesize a *y* pulling it up, a *z* pushing it north, etc. *Y* and *z* can also not be perceived. All that we know about *y* and *z* is that they might exist, they might not. Science can't be bothered with them, therefore not with *x*. So there is no such thing as gravity. This is his "fallacy of the ambiguous middle" with no less than three middles!

These are his main arguments. His objections to the doctrine of "infantile sexuality" are briefly put and are summarized in the following quotations: ". . . . the child obviously has no sex desire in the true meaning of the term, although it may respond to sex stimulation." Again: "The Freudian hypothesis of infantile sex life is founded on the specific fallacy known to the logicians as the fallacy of *secundum quid*. Reactions which later become a part of the general sex activity are found in the child, and therefore pointed out as evidence of sex activity. It is as if one should claim that the labored breathing produced by running to catch a street car is *sexual* because the same labored breathing may occur during certain stages of sex activity. As a matter of fact, there is no form of activity and no form of instinct of the individual which is not at some time or other connected with the sex life, and the final consequence of the Freudian method is to define sex as *the whole universe*, which would leave us to hunt for a new term to use for what is meant by sex in science and common sense."

In these quotations it may be seen that Dunlap bases a flat denial on a difference of terminology, disputes the justice of the Freudians' using the term "sex" as they do, and

ascribes to them claims more exaggerated than any they have ever made. As to the term sex as used of childish activities, many activities, auto-erotic and other, which contribute to the development of what is later sexual in the narrowest sense are called sexual by psychoanalysts *in so far as* they have characteristics peculiar to sexual strivings rather than to other physiological processes. If any one chose to call them "pre-sexual," psychoanalysts would not object. All they are interested in is the insistence on the sexual quality of such practices.

The chapter on psychoanalysis is concluded with statements about the bad effects of psychoanalysis on patients. With equal assurance he propounds his own theory: "I am convinced that the more important causes of neuroses are not to be found in ideas of sex, but rather in pathological sex activity." "A very frequent feature in the history of the male neurotic is irregular sex experience commencing often at a very early age." These experiences include actual incest, mutual masturbation, cunnilingus, and homosexuality! Morbid emotions accompanying these practices prevent satisfaction in the acts. Later in life the poor neurotic is upset by finding prostitutes unsatisfactory. As to this we may remark that the opinion of those who have seen a great deal of neurotics is that their sex life is freer from overt indulgence than that of their more normal fellows. How does Professor Dunlap learn in detail of psychoanalyses and of symptoms developing from them? How can a college professor, presumably attending to his teaching and laboratory work, who has never had a medical education and has never seen a patient except with a layman's eyes—how can he have collected material justifying such sweeping conclusions? Is this evidence "anecdotal" or is it, perhaps, just plain, vulgar gossip?

The last section of the book is devoted to a discussion of "the foundations of scientific psychology." In this chapter, the fact emerges that this is *his* discovery, and he finally expresses the belief that the majority of recognized psychologists in this country are merely "sympathetic" to his views. Since his logic has been so faulty as a critic, we are naturally curious to learn if his constructions avoid this error. He be-

gins by laying down principles of method. There are five of these: (1) hypotheses must be based on fact; (2) working hypotheses must follow the law of parsimony—i. e., the simplest formulation that will cover all the phenomena must be adopted; (3) hypotheses must be tested by experiment; (4) verification of proof of hypotheses must be *scientific*—i. e., any one whose scientific training is adequate must be able to reproduce the results obtained by the discoverer when his experimental conditions are repeated (this excludes drawing conclusions from isolated events when conditions are not fully described or controllable); (5) terminology must be definite and unambiguous. These conditions do not seem complete, for under them the mystics might claim admission for their experiences and hypotheses, saying that any one who fulfills their conditions can have the experience. There should be a sixth condition: that new hypotheses should not conflict with well-established ones found to be valid in other fields of research. This is, in practice, what excludes the mystic's "third kind of knowledge" from scientific consideration. Its admission would overthrow the fundamental principles of natural science. On the other hand, as has been stated before, an insistence on experimental verification would eliminate from scientific examination all phenomena over which the examiner has no control. For instance, it would throw out all studies of consciousness (in so far as this refers to awareness of thought). No one can experiment with *my* consciousness. Its existence is proved only by my statement to that effect. A great many people say the same thing, but not all. Innumerable savages and most children up to the third and fourth year are without such consciousness. Perhaps the world over as many people believe in ghosts or have seen them as have consciousness of their thoughts. It seems, then, that in practice we rely in many scientific inquiries more on the reliability of the witness than on the possibility of experimentation.

Having laid down these laws, Dunlap proceeds to build up his hypotheses, beginning with "the biological conditions of consciousness." All his hypotheses are based on the "reaction-arc" theory. Briefly, this is that the central nervous system—including the involuntary nervous systems—con-

sists of a mass of neurones. Some specialized ones are stimulated and send an afferent stimulus to other cells, which pass it on from cell to cell until finally there is an efferent current which stimulates muscular or gland activity. All the nerve cells taking part in this reaction constitute a reaction arc. It is not necessary to assume that consciousness is a function of specialized cells in the cerebrum, since the reaction-arc hypothesis accounts for consciousness and a great deal more. The function of the central nervous system is the production of responses—it is a kind of intricate switchboard and nothing else. Some reactions are accompanied by consciousness. "Consciousness (awareness) is the result of, or the accompaniment of, or a part of (the phrasing is for the present immaterial) certain reactions involving the activity of a complete arc from receptors to effectors. . . . . It is not necessary to assume that all reactions involve consciousness, but only that all consciousness depends on reaction."

This is so far rather pure tautology. There is no mention of what reactions are accompanied by consciousness or what the nature of the connection is between consciousness and the reaction arc. He might as well say: "Sometimes when the nervous system functions, there is consciousness."

His next hypothesis is not tautological: "Assuming that perception depends primarily on reactions which begin in special sense receptors, pass through the central nervous system to effectors, and terminate in the activity of these receptors, we still have to provide for the other form of consciousness—namely, thought or thinking. It has long been assumed that thought has 'motor power,' that activity is produced by thought, but this, according to our conception now, is a putting of the cart before the horse. Really, thought is dependent on, or a part of, a reaction; but where is the reaction initiated? Not in the cerebrum, for it has been demonstrated that there are no receptors there; and not, primarily at least, in any other part of the brain. For reasons which will be explained shortly, the thought reactions—that is, the complete reactions on which thought is dependent or which include or involve thought—must be assumed in most cases to be initiated in the receptors in the muscle spindles, in the striped muscles of the trunk, limbs, face, and vocal organs."

Here is a view which is open to experimentation, and accident or disease has frequently made the crucial experiment. If thought originates in muscle perceptions—and he evidently means this literally—then destruction of the muscles must abolish ideas. There are many nervous and muscular diseases in which muscle tissue disappears almost entirely. In these thinking is usually undisturbed. It is possible for an individual to live with his spinal cord divided in the neck so that there is no connection between the brain and any voluntary muscle except those of the head and neck and the diaphragm. Thinking is still possible and may be acute. In case it were urged that thoughts were initiated by the vocal, mouth, and neck muscles, it is easy to point to diseases where these are atrophied or have their nerve supply cut off from the brain. As a matter of fact, we know of only one disease where there is a disturbance of consciousness in regard to muscles when those muscles are paralyzed and this is in hysteria. It has been shown thousands of times, however, that in hysteria an idea of loss of function occurs first and the paralysis second.

As to emotions, he follows the James-Lange theory blindly, taking no note of the valid objections that have been directed against it.

"An emotion, or a feeling, is exactly a bodily condition—a real physical fact—which is perceived through the receptors in the viscera (and to a certain extent in the soma also) in the same way as that in which color is perceived through the receptors in the retina, or sound through the receptors in the cochlea of the ear. Put in terms of the reaction hypothesis, we say that the emotional reactions are initiated by receptors lying in the viscera (and in the soma) and that the reactions terminate in as wide a range of activities as do perceptual reactions generally."

His next discussion concerns the development of perceptions. He thinks the child is born with some of these—that, for instance, there are definite perceptions in connection with suckling, which is a volitional act. As to these alleged perceptions, we can have no direct evidence, since the new-born infant cannot tell us of them. The child's conduct can be explained without this assumption. As to the presence or

absence of conscious volition, observation would tend to indicate that there is no effective wish to take nourishment, since the object sucked seems to be a matter of indifference. The mother always guides the child to the nipple at first. The tendency to restlessness and blind sucking when hunger is present is explicable as a purely reflex phenomenon.

Subsequent perceptions are built up as dictated by the laws of habit formation. His argument is based on the experiments of Pawlow, a typical one of which is described as follows: "If a dog, fasting long enough so that he will eat eagerly, is shown his customary food, or allowed to smell it, his saliva will commence to flow. If, at a time when no food is present, a bell is rung, there will ordinarily be little, if any, effect on the salivary secretion, although pricking up of the ears, or some similar action, may occur. If the dog, before being fed, is shown (or allowed to smell) food, and at the same time the bell is rung, and if this procedure is repeated on a number of successive days, an 'association' between the two reactions will be set up: that is, the arcs will become connected in the cerebrum, so that the ringing of the bell will produce the flow of saliva, without the food stimulus being required."

It may be well to pause here for a moment and examine the statement, "the arcs will become connected in the cerebrum." Unless the anatomic or chemical nature of this connection can be demonstrated, the statement is pure tautology and pure assumption. It is, moreover, an unnecessary assumption, for such phenomena can be intelligibly discussed in psychological terms as "associations." One may compare this with the hypothesis of an unconscious which facilitates the discussion of mental phenomena and hence has pragmatic value.

He proceeds: "Obviously, the two reaction arcs which were at first somewhat independent—the arc from the olfactory receptors (assuming the food to have been smelled, and not seen) to the salivary glands, and the arc from the auditory receptors to (let us say) the ear muscles—have become connected in the cerebrum so that the current flowing in over the afferent part of the one may now flow out over the efferent part of the other: or, as we say, one discharge may be

drained into the other. This particular aspect of integration which we generalize as *drainage,* and which is experimentally verified, we find will apply to and explain all habit formation, including both the development of perception and the association of ideas."

"Let us suppose that the visual presentation of an orange, to a child of a certain age, is merely color. The consciousness of the color depends on the activity of a certain reaction arc which we will call V—v: V being the receptor activity, and v the terminal effector activity. Let us suppose that the child smells the orange peel also, is allowed to taste the juice and grasp the orange in his hand. We may represent the olfactory reaction by O—o, the gustatory by G—g, the tactual by T—t."

"If two or more of these reactions occur simultaneously, or in immediate succession, and this is repeated, so that eventually each reaction has occurred a sufficient number of times with each of the others, we will have the conditions established for integration of the same sort as that occurring in the experiment on the dog, described above. The several reaction circuits become connected (in the cerebrum) so that the afferent current from any of the four senses represented may flow out over any of the original efferent routes. In other words, stimulations of one sense, as for example vision, may produce the effects formerly produced by stimulation of one of the other senses—or may produce, in a measure, the effects of all. The child eventually, from the visual stimulation alone, perceives, not color merely, but the orange, as a round, yellow, odorous, heavy body with sweet juice."

"Manifestly, the development of perception is more complicated than the scheme here presented, because other perceptions are also being formed, and they mutually modify each other. With the consolidation (integration) of the reaction arcs also goes modification of the terminal muscular activities; and in many cases these activities, at first movements of the whole body, become modified into words—standardized reactions of the complex system of vocal muscles. The illustration given above is nevertheless typical, in spite of its simplification."

There is in this argument a most serious lapse of logic. Pawlow's experiments show "drainage" of energy (or stimulus) from the afferent part of one reaction arc to the efferent part of another. By analogy to this, in the case of the child with the orange, sight of the yellow orange might produce muscular movements of handling, tasting, etc., but if there were perceptions of heaviness, sweetness, etc., called forth, there would be drainage from the afferent part of one arc to the afferent parts of others and not from afferent of one to efferent of another. For this drainage from afferent to afferent, he offers no evidence whatever and so far as the reviewer knows there is none. In other words, the reaction-arc hypothesis has not yet solved the problem of compound perceptions. The hypothesis of words being specialized motor responses does not fall under this criticism, of course, and one could say that complicated perceptions are secondary to word formation, being merely awareness of unspoken words. This, however, would involve the psychologist in the belief that complicated perceptions did not exist until language was established, although there is much evidence to the contrary.

His discussion of the association of ideas seems again to be a translation from psychological into physiological terms. He begins by describing association of ideas as habits and then proceeds: "The association of ideas is, from its description, *manifestly* a species of habit formation and should conform to its general laws." [The italics are the reviewer's.] This is waiving a large part of the problem at once. Only the most superficial study of free association limits the phenomena observed to associations of the habitual. Many are, apparently, quite unexpected and might be explained as *unconscious* habit, perhaps, but not as due to habits such as Dunlap describes. Moreover, the associations of the same individual may be markedly different at different times, although beginning with the same stimulus. He proceeds from this postulated identity of habit with association of ideas as follows:

"If ideas are dependent on reactions, and if ideas are capable of association, it must be that the ideational reaction arcs are of such a nature that the completion of one reaction may initiate another. Since reaction arcs terminate in

muscles and in glands, it must be that in one of these tissues lie the necessary receptors of the thought arcs. The receptors in glands are as yet conjectural, and the glandular response is not of such nature that we could assume it to be the stimulus of reactions as prompt, as manifold, and as finely graded as thought reactions apparently are. The striped muscles, however, are provided with a plentitude of receptors in the 'muscle spindles,' and the muscular responses are quick, finely graded, and of great complexity, competent to initiate reactions of an endless variety. The muscle receptors are, therefore, in all probability, the beginnings of the thought arcs.

"If we assume the muscular initiation of thought reactions, the mechanism of the association of ideas is at once clear, and it is also identified as the mechanism of habit formation of a much wider range. Whenever a series of reactions is knit together so that eventually the series repeats itself if given the proper start, the muscle contractions are primarily the connecting links, each set of contractions being the terminus of one reaction and the stimulus for the next. The association of ideas is just one instance of this general type of habit formation."

The same formula will then cover either a habit of consecutive muscle movements or ideas. The mechanism is this: a reaction arc A terminates in a muscular movement a. This contraction provides a stimulus a′ to the muscle spindles of the muscle involved; a′ is a receptor impulse which, if habitually associated in point of time with a reaction arc, may be drained off into the effector response of B, just as with Pawlow's dog the ringing of a bell led to secretion of saliva. Similiarly B may lead to C and so on. This ingenious formula, applicable at once to both physiological and psychological processes, depends, of course, on the assumption that mental phenomena can be expressed in physiological terms (a question to be discussed shortly) and on the adequacy and validity of the muscle-spindle-idea hypothesis. The latter we have seen to be untenable on grounds of clinical—i. e., experimental—evidence. But supposing that this objection could not be made, we would still be faced with a hypothesis consisting merely of a description of mental events in physiological

terms. Since these particular reaction arcs (the ones resulting in mental functions) have never been studied physiologically, this translation into physiological terms is pure tautology.

The relationship of integration to attention is his next topic. In the human animal the various reaction arcs are integrated so that a unitary function is achieved. "In other words, every stimulus influences all the reactions of the organism, and every motor activity is determined by the total stimulation playing on the receptional system." The phenomena of attention, long looked upon as a specific and detached mental function, is thus explained: "The more efficient an animal's reaction to a single source of stimulation, the more completely must its nervous system be integrated at the moment of reaction into a single system of reaction arcs, in which the analytic arc from the receptors affected by the stimulation in question, to the most characteristic movements in the response, dominates the whole system." This conclusion is a natural corollary of his earlier arguments and is equally tautological.

He follows this with a most suggestive speculation as to the origin of consciousness: "The facts concerning attention, and its dependence on the degree of integration, furnish us with an interesting suggestion towards the solution of the problem of the relation of consciousness to neuro-muscular action. We have found that consciousness depends, not on the action of individual neurons, but on the joint action, in a reaction arc, of a functionally related group of cells. We see now that the more complex the system of cells acting together, the higher the degree of consciousness. These two details taken together suggest that mere reaction alone is not a sufficient condition for consciousness any more than mere neuron activity is. Some degree of absorption of the reaction (integration of the arcs) into the total system of reactions is indicated as the lowest condition of consciousness, and complete dominance of the system as the possible upper limit. On this supposition it would be clear that the isolated knee jerk and kindred 'physiological' reflexes could not be expected to be conscious, although attendant and consequent reactions may be conscious."

Now, in consequence of the researches of Sherrington and Head and their pupils, reaction arcs are fully established as existing on the physiological level. That they should furnish the ultimate basis for mental reactions is not unlikely. The question is, at what point of integration do physiological reactions begin to assume mental qualities? Dunlap suggests that a reaction becomes mental when its arc is integrated with the integrative whole. ("Mental" and "conscious" are identical terms by his definition.) Since attention is, in his view, only a hyperacuity of consciousness, an adaptation of the integrative whole to a single reaction or group of reactions, there must be, as he says, all gradations of the process. In other words, there are reaction arcs integrated within the integrative whole, and thereby affecting the reactions of the whole, which do not demand that subjugation of the whole to this reaction which is the prerequisite of attention and consciousness. These reactions are, then, qualitatively like conscious ones and differ only in a quantitative way. The quality they possess is integration with the whole and this, according to Dunlap, is consciousness. Such reactions have, then, qualities of consciousness and at the same time have no consciousness. This is precisely the sense in which psychiatrists use the term "unconscious."

The final pages of the volume contain nothing new, being merely generalizations repeated from the previous discussions with the same attacks on psychoanalysis.

There remains to be discussed a most important point, one that lies at the very root of scientific method. Dunlap, in attempting to account for mental phenomena on the reaction-arc hypothesis, has been accused of tautological translation of psychological into physiological terms, a process for which Adolf Meyer has coined the excellent phrase "neurologizing tautology." The matter cannot be allowed to rest there, for one might suppose that he had simply failed in pursuing what might be a profitable method. It is a popular line of research and speculation among psychologists, this effort to analyze mental phenomena into non-mental elements. Tichener goes so far as to say that the object of the science of psychology is to eliminate the "mind." Is such a thing theoretically possible? Quite flatly it is not, and the error

lying back of these efforts is responsible for an incalculable amount of worthless "scientific" work.

One of the most fundamental principles in the natural sciences is that when units or elements are combined or integrated, new properties or functions appear. In fact, the proof of combination rather than mixture comes from the new characteristics. For instance, a solid metal, sodium, combines with a gas, chlorine, to form a salt, known as sodium chloride. This salt is a crystal. Does this crystallization come from the sodium or the chlorine? From neither, but from their combination. This crystallization cannot be described or discussed in terms of the properties of either sodium or chlorine. It can only be discussed in crystallographic terms. It is true that sodium chloride can be broken up into sodium and chlorine and that this salt has properties ascribable to the presence in it of those elements, but when these sodium and chlorine properties are eliminated, there remains the crystallization quite unaccounted for. Similarly, if the salt be put into water, a solution results which has innumerable characteristics in addition to those represented by the symbols H_2O and NaCl. Solutions in turn have their laws which are independent, *qua* solutions, of their ingredients. Hence chemistry is divided into physical chemistry and analytic chemistry. Analysis continued until doomsday would never teach a chemist anything about solutions, except what elements were there. If he analyzed brine, he would find hydrogen, oxygen, sodium, and chlorine, all of which discoveries would be valuable, but they would teach him nothing about the boiling point, surface tension, freezing point, electrical conductivity, or optical properties of brine. To study these, he must accept brine as a solution and study it by the methods of physical chemistry. If, perchance, a chemist examines a substance all of whose properties are explicable as the sum of the properties of the elements into which it is analyzed, then it is held, *ipso facto*, to be a mixture, not a synthesis.

Let us advance into the biological field. Chemical analyses show the presence in the body of carbon, calcium, sulphur, nitrogen, oxygen, hydrogen, and so on. Their properties do not account for physiological reactions. They are, however,

combined into elaborate compounds, some of which have been synthesized outside of the body. Yet the sum of the properties of these complicated compounds accounts only for a few very simple and relatively insignificant physiological reactions. Oxidation of hydrogen and carbon is a relatively simple matter, yet the phenomena of respiration in all its ramifications cannot be fully accounted for by any laws which physical science offers or can offer. The methods of physics and chemistry tell us the analytic combination of nucleoproteins and the temperature at which a germ cell divides; anatomists describe the chromosomes, and patient observation has even shown that sex is linked with an odd or even chromosome; yet all this gives no answer to the question, why does it grow? The capacity for growth and reproduction is a biological property. The question will never be answered in any but biological terms. Even if chemists should succeed in synthesizing proteins and fabricating a living cell, the question would not be answerable in chemical terms, for the created properties would be a product of the synthesis—a biological compound—and not of the elements, any more than the properties of solutions are inherent in water and salt. Even after this prodigious feat were performed, we would have to continue to discuss biological phenomena in biological terms.

Finally we come to specialized biological functions which are termed psychological. These are again products of synthesis, of integrations that have produced new phenomena, not predictable from the nature of any of the combined physiological elements. Physiological methods will teach us much about the factors underlying mentation and essential to it, but physiology can teach us nothing about the mind *as such*. Not that physiology is without value to psychology. Far from it! Without physiology we would not know that the nervous system had anything to do with mental functions; we might allocate them to the heart or even to the surrounding atmosphere. Imagine a physical chemist ignorant of analytic chemistry and you would have a picture of what the psychologist would be without the aid of physiology.

The inevitable conclusion from this reasoning is that we must have the physiologist to teach us what essential elements

are requisite for the initiation of mentation, but the psychological phenomena must be investigated as such and described in psychological terms alone. The effect of translating psychology into physiology is, therefore, not merely idle, but actually pernicious. How much would we know of heredity and embryology to-day if biologists examined ova and sperm cells by chemical means alone and did not observe their reactions *as* ova and sperm cells?

In conclusion, one may ask why Professor Dunlap—and other psychologists—feel impelled to fabricate these unprofitable hypotheses. There are (at least) two answers. The first is that one effect of the growth in importance of natural science has been to give most people the conviction that somehow chemistry will solve the problems of biology and biology dispel the mysteries of psychology. This belief partakes of the nature of religion or superstition in the proper sense of these terms. So strong is this belief that few scientists are without it. With many it is an overt article of faith, while with a few it is merely an unacknowledged motive. The second reason is more specific. The school of psychology in which these workers were trained dealt with psychology as a branch of metaphysics or as an experimental study of the physiology of the special senses and of the simpler intellectual functions, such as memory, attention, etc. This training leaves one unprepared to examine or understand that large mass of phenomena which have been studied by psychiatrists during the last twenty or thirty years. These phenomena have to do mainly with instinctive and emotional life. The psychiatrists have had no more training than the psychologists—in fact, not so much, as is evidenced by their deplorable terminology—but they have at least gone honestly to work to collect facts and speculate about them in mental terms. The academic psychologist, on the other hand, has been faced with a delimma: he had either to admit ignorance and incapacity or to avoid the issue. Professor Dunlap is one of those who has chosen the latter way out. He has fabricated a scheme of psychology that leaves to the psychologist only the study of what he knows about—consciousness. All else is "physiology." It is not necessary for him to know

any physiology[1] as that is not his profession. But is the physiologist prepared to explain to us the nature of instinct and emotion and their operation in our lives?

Professor Dunlap repeatedly states that psychoanalysts turn to the hypothesis of a "mystic" unconscious because they cannot face the ardors of scientific labor. Is his case much better when he disposes of phenomena that will not fit into his system by handing them over to a hypothetical "physiology" that cannot explain them? The temptation to conclude with his last sentence and some comments on it is too strong to be withstood: "Upon all of the profession I urge the consideration of the serious nature of the present situation, and the necessity of uniting on the solid ground of scientific method for the defense of public welfare against charlatans and teachers of superstition. . . ." The tendency to fall back on what is, essentially, a "third kind of knowledge" is an inveterate habit of mind which accounts for much confusion in scientific work. Few schools are without it. There is much proof thereof in psychoanalytic work, if Dunlap knew enough to find it; he has chosen the wrong examples. But if only each student would try to set his own house in order before meddling with his neighbors, we would have no polemics because trespass would be unknown. There would then be no tendency for workers in one field to usurp another of which they are ignorant. Only the urgent nature of the present situation forces us to accept the challenge thrown down by Professor Dunlap—and others—and to undertake an examination of the principles on which his "science" is built. It were much better if this inquiry could be made by the psychologists themselves.

[1] In a footnote on p. 97 Dunlap exhibits complete ignorance of the evidence on which the "all or none" law in physiology is based. Since this law has applicability to some psychological problems, the error is serious.

AN EMOTIONAL CRISIS

A Description and Analysis of an Episode that Occurred Among Psychopathic Women*

EDITH R. SPAULDING, M.D.
Formerly Director, Psychopathic Hospital of the Laboratory of Social Hygiene, Bedford Hills, New York

THERE is a great opportunity, we believe, for physicians, and particularly for neurologists and psychiatrists, to help in solving the problem of psychopathic delinquent individuals in general and especially that of the psychopathic delinquent woman. The recent investigation at the Bedford Reformatory has brought the latter problem with renewed emphasis before the public, and those who have had experience with it in the past are frequently asked what the real situation is. The purpose of this paper is to describe an episode of an extreme emotional nature that occurred among a small group of psychopathic delinquent women, in order that those who are not dealing intimately with the problem may have some idea of the kind of difficulties that arise wherever such women are confined in institutions, even under the most favorable conditions possible.

When the Psychopathic Hospital of the Laboratory of Social Hygiene at Bedford Hills was opened, an attempt was made to treat the patients as nearly as possible as is usual in a psychopathic hospital not connected with a reformatory institution. All unnecessary sources of irritation were removed and each patient was helped to make the individual adjustments that are necessary in any social group. Besides facilities for hydrotherapeutic treatment in the form of continuous baths and wet packs, there was an occupational department, the usual resources of domestic training, a department of physical training, a goodly amount of recreation, and a staff of nurses who, besides their general hospital training, had had special training in the treatment of mental patients. At the time the incident to be described occurred,

* Read in part before the New York Neurological Society, May, 1920.

there were but fourteen women in the hospital, which was equipped to accommodate twenty. This number included patients and workers, the latter being some of the more stable reformatory girls on whom we were dependent for the housework. None of the punitive measures usually practiced in reformatories was used, except in the occasional locking of doors when individual patients became so much disturbed that they upset the equilibrium of the entire hospital if allowed to mingle with the others; or when it was necessary to control superfluous visiting, which may become very undesirable among these women whose sex emotions seek outlet temporarily in excessive affection for one another.

The *dramatis personæ* of the emotional episode or crisis, as we have called it, were, first, Margaret, an English girl of seventeen, the leading character in the drama. She was considered an epileptic. The diagnosis was always obscure as she not infrequently brought about attacks that were hysterical in nature, as, for instance, when she was to receive gynecological or antiluetic treatments or when she was to have a lumbar puncture. At such times she would inform us that she would have an attack if we proceeded. She was always able to accomplish it, even to the extent of apparent unconsciousness. Occasionally she had attacks of unconsciousness suggesting epileptic seizures, but without typical convulsion. Her personality, however, strongly suggested the epileptic make-up. She was extremely egotistic, wished to rule any environment in which she was placed, resented authority in any form, worked hard at times, but always spasmodically, was extremely irritable, restless, and quarrelsome, and was generally unreliable, having little loyalty for those who did the most for her and of whom she was most fond. The psychological tests showed that she had normal intelligence. Her intelligence quotient was 80. She had been sent to the reformatory on a charge of petit larceny.

Second, Sophie, a Jewish girl of twenty-four, who was of the manic-depressive reaction type. While somewhat hypomanic at that time, she was not considered sufficiently abnormal to be transferred to a hospital for the insane. She gave a history of two previous depressions. Very careful nursing and tactful management were required, moreover,

to prevent her from being affected by the other members of such an inflammable group. Because she had been in the hospital since its beginning, she had a sense of ownership regarding it and a feeling of superiority over the others which were not altogether welcomed by them. She was considered a border-line case intellectually. Her intelligence quotient was 64. Her offense was grand larceny.

Third, Florence, another Jewish girl, twenty-five years old. She was classified as a psychopathic personality. She was a "shut-in" type and was exceedingly sensitive. The fact that she was deaf tended to increase her sensitiveness. She also gave a history of a depression lasting two years—from the age of fifteen to seventeen—during which time she remained in the house, talked very little, and showed a particular aversion to men of her own race. While she was in the hospital, she kept much by herself and occasionally had attacks of excitement lasting a day or two, during which she was depressed, exceedingly irritable, and unable to do work of any kind. She also had phobias of various kinds—of fire, of the ceiling falling on her, etc. The psychological tests showed her to have normal intelligence. Her intelligence quotient was 98. Her offense was prostitution.

Fourth, Anna, a large Norwegian girl of nineteen, classed as a psychopathic personality, with a superabundance of energy associated with much childishness. For several years before she entered the institution, Anna had refused treatment for lues. One wondered how many strong men would be needed to control the situation should this young Amazon some day carry out her various threats. The tests of her intelligence placed her in the class of "dull normals," her intelligence quotient being 74. She was sent to the reformatory because of her refusal to receive treatment for her physical condition.

Fifth, Amy, an American girl of eighteen, with fair bobbed hair, who looked far too young to be with women in a reformatory of this kind. She was also of the cyclothymic type of personality, and although exceedingly unstable emotionally and usually somewhat hypomanic, she was kind-hearted and light-hearted, brimming over with fun and with unstinted energy. She never let anything get by her and was an

integral part of everything that was going on. Amy could have had a good education in a quiet New England town, but she could not stand its quiet and came instead to a small town in New York, where she worked in a factory and sought out the worst companions that were available, having been found in chop-suey houses by the police before she was sent to Bedford. Her intelligence was considered normal, her intelligence quotient being 80. Her offense was prostitution.

The crisis itself might be described as a general emotional riot resulting chiefly in screaming, with much oratory of a profane and abusive nature, that began about nine o'clock in the evening, reached its height about eleven, and continued in all its intensity and without respite until half past two in the morning. There was no destruction of furniture and no windows were broken, although how they escaped it is difficult to say. There was no violence shown against any nurse or matron, and fortunately we were able to keep a locked door between the deadly antagonists, Margaret and Sophie. It was Margaret, the epileptic, however, who may be considered the chief cause of the disturbance. When she entered the reformatory, she had a traumatic vulval lesion associated with which was evidently a recent Neisser infection and an initial luetic lesion. She became hysterical when a vaginal examination was attempted.

When she was admitted to the hospital, she found that no coercion was used in the form of punishment and that the girls were taking a certain pride in maintaining a fairly good standard of conduct without it. Being uncoöperative was at least frowned upon. To join in with this spirit meant that she would be one among others, and it meant also that she would have to accept authority and submit to the gynecological and antiluetic treatments that she dreaded and intended to escape. The alternative seemed to lie in defiance of authority. And, moreover, if she stirred up trouble among the other patients, it would at least give her a compensatory sense of power as their leader. This she proceeded to do, the horrible fear of the treatments furnishing additional energy for her endeavors.

She would show them. She was not going to be treated. They could be foolish if they would, but not she. They would

see. Gradually an atmosphere of dissatisfaction developed in the group, which was not too contented at best. Although much was being done for them, it was never enough. They wanted more. They were sick of this damn' joint. They wanted to go home, etc. Just about this time a teacher of gymnastics who had charge of the outdoor sports and of their recreational activities left voluntarily because she could no longer stand the strain. The girls told her they would have a riot if she left them. Before she left, however, they had given a short play. The effort and tension necessary for such a performance, however simple, almost invariably result in such a group as this in an undesirable reaction. This time was no exception. Moreover, many quarrels that had started had been postponed until after the performance. On the day following the play, while they were all somewhat elated and before the teacher left, an emotional wave swept over the group. This lasted for several hours during the afternoon and consisted of an excited argument screamed on the sleeping porch so loudly that the neighboring cottage could hear everything said. The immediate issue was an implied partiality on the part of a nurse toward Margaret, our epileptic, who was laughing loudly and disturbing the others who were supposed to be resting. The situation was difficult to manage, as Sophie, Florence, and Amy refused to leave the porch, determined to stay and see that no partiality was shown. No amount of persuasion had any effect, and we did not use force. A very critical situation was developing. Margaret was about to hit the trail. Having started a spirit of revolt and mutiny, she saw a chance to slip in on the crest of the wave in the tide of restlessness she had been influential in causing, win favor in the eyes of the staff, and again be a leader, this time of an uplift campaign rather than of the opposition.

This emotional wave quieted down somewhat by night. There were, however, four prominent factors in the persistent restlessness of the days that followed: first, the excitement resulting from the play; second, resentment because the play leader was about to leave; third, the mutinous spirit of discontent that had been engendered by the epileptic patient; and fourth, and probably strongest of all, the growing resent-

ment against the epileptic herself, who had at first said such uncomplimentary things about the hospital and its staff and now was in a fair way to become "teacher's pet." What they thought of her treachery, as they considered it, could not easily be expressed in words or forgiven. And, on the other hand, the staff, after weeks of struggling against her antisocial attitude, could hardly fail to encourage her effort to change.

When asked if she did not think something could be done by the girls themselves to improve things, she said, "Something must be done, for I simply can't stand this any longer, and I'm sure I'll willingly do all I can to help." This frank conversion, this hitting the trail, of the most antisocial member of the group was too much for the others to stand. That this girl, who had used the most insulting names possible in speaking of those in charge of the hospital—particularly one term which, as one of them said, "no one had ever used before"—should suddenly desert them and march off with flying colors roused the depths of their resentment. Their attitude—perhaps influenced also by the restlessness of Amy, who had been more unstable than usual since the first afternoon of excitement—was that of demanding all the favors that they could think of and showing extreme resentment when these, however unreasonable, were denied.

At supper on Sunday night—the night of the real crisis, several days after the sleeping-porch incident—there was so much noise in the dining room that Margaret, the epileptic, spoke up and requested that they be quiet or they would all have to suffer. That was the last straw. There was a roar of resentment at Margaret as the source of this suggestion, which was only partly quieted. Early in the evening, two girls were heard to say on different occasions, "I am going to raise hell to-night." Realizing the extreme tension that existed, the staff made every effort to tide over the situation and prevent its reaching a climax. Although an outbreak was averted while the girls were together in the recreation room, their energy, pent up for several weeks, broke forth after they were in their rooms.

Sophie had attempted several times during the day to assert her authority and gain the prestige which she felt was

due her because she had been in the hospital since its opening. During the afternoon she had been very much depressed and talked about the disgrace that she had brought on her family. Later she became disturbed because a girl whom she had considered a protégé was accused of playing another patient "dirty."

Margaret, who was suffering with menstrual pain, was crying softly in her room, while Sophie continued to laugh and scoff at her, making insinuations about her to Fanny, the colored girl, who was across the corridor. The noise became so loud that it was necessary to close the transoms above the doors. Sophie's transom was closed first, and then Margaret's. Sophie, believing that Margaret's had been left open, immediately accused the nurse of partiality for closing her transom and leaving "that thing's" open. Although she was told that both were shut, she would not believe it and began pounding on the door with her hands and shoes, calling Margaret all kinds of names and continuing to accuse the doctors and nurses of partiality. Finally, when Margaret could stand it no longer, she screamed to Sophie to shut up, seized her water pitcher, and said she would smash her window if her transom were not opened. Realizing her determination and appreciating her potentialities, we opened her transom. By this time Sophie, who had been in an exceedingly unstable condition for days, had become quite maniacal and began to call Margaret the most insulting names she knew. Margaret, who had stood the concerted hatred of the whole hospital as long as she could, suddenly gave vent to her wrath and, shouting out the worst names she could, demanded that her door be opened so that she could get out and wipe up the floor with the other girls. She, too, became very much excited, throwing herself on the floor, then on the bed, moving her furniture about, slamming her window up and down, tearing her hair, and screaming constantly in the most penetrating manner. When the nurse opened the door to talk to her and remove breakable furniture, she threw a glass against the door, breaking it, and ordered away every one who ventured near the door, saying that she wished to be left alone. Then there followed at the top of her voice the most bitter tirade imaginable against the race to which

Sophie belonged. Even though the windows were closed, her voice could be heard at a great distance.

In the meantime Sophie was screaming with equal anger and vehemence, answering each attack made on her race and personality. Florence, because at this time she was much under the influence of Sophie, and because she, too, resented each remark that Margaret made against her race, began to bang at her door, demanding loudly to be let out, stating that she must see what was going on, and at the same time with a whining voice saying that she must see that her friends, especially Sophie, had fair play.

As Margaret's eloquence continued, the insults that she had stood in the last few days from other patients came to her memory and each in turn was brought into her screaming speech. "I ask you, do they pick on Fanny? No, they don't. Why don't they? Because they know that she won't stand for it and will give them what they deserve if they attempt it." Whereupon Fanny, whose room was directly across the hall, would, in loud and no uncertain terms, tell Margaret what she thought of her, calling her "two-faced" and so forth. Fanny's language had no limitations in its frank expression. She, too, demanded to be let out, and promised to "do up" Margaret at the very first opportunity, warning her to stay in her room if she valued her life.

Anna, whose room was on the corridor below, whenever her name was brought into the speech, banged on her door violently and threatened to break all the furniture in her room if she were not let out immediately; so that the only alternative seemed to be to unlock her door and reason with her. Reason, however, was of no avail, and she immediately mounted the stairs to the upper corridor and walked back and forth like a caged animal in front of Margaret's door, frequently adding her arguments to the others' and threatening violence to Margaret if she could get hold of her. Amy, not to be left on the lower corridor when all the excitement was above, followed Anna's example and by the same method managed to get her door open and join the group in the hall.

The hospital was built to accommodate a pleasant family group and there was only one room in which noise could be even faintly lessened if a single patient were disturbed.

Adjoining this, however, was the continuous bath, which was a little removed from the main corridor. It was finally possible to get Sophie into this room, and the attempt was made to persuade her to get into the tub. This, however, was not successful, as she was only too anxious to get back into the center of the fray.

In such excitements as these, when taking a patient anywhere against her will, it is always advisable to lock the other patients into their rooms. Under the present circumstances, however, such procedure was difficult, with Amy and Anna rampant in the hall, insisting that their presence was necessary in order that fair play should prevail.

It will probably be difficult for any one who has not had actual experience with such excitements to appreciate what this bedlam was really like that began a little before nine o'clock Sunday night and lasted until nearly three o'clock the next morning, with no cessation or alleviation whatever. It may be of interest to add that the hospital was of fireproof construction and even the slightest sound made in the building fairly reverberated through it.

Inasmuch as our cottage offered no possibility of separating members of the group, each girl continued to react on the others to a disastrous degree, and whenever it was possible to quiet a single individual for a short time, some one was sure to excite her a little later and start another tide of emotion that it was impossible to quell. The excitement was too general for the use of packs, and those who needed them most could not be persuaded to take prolonged baths. Furthermore, on this particular evening the hot-water supply was low!

After several hours Sophie promised to be quiet if allowed to return from the continuous bath to her room. Although it was doubtful whether she would be able to be quiet, the experiment was tried, but as soon as she was again on the corridor, the previous conditions were resumed. Margaret was then removed and placed in the operating room at the other end of the hospital, where a cot was put up temporarily for her and where she promised to make no further disturbance. Sophie, finding that Margaret had gone toward the "quiet room," wished to ascertain just where she was and

get near her again; so, after having refused steadily for two hours to take a continuous bath, she now demanded it in order to get near her opponent. As it was thought that the bath would be of some benefit to her, and that Margaret, although in the same part of the hospital, would remain quiet, Sophie was again taken to the continuous bath. She had no real desire for it, however, and complaining that the water was too cold—it was actually a little under the prescribed temperature—she demanded again to return to her room. Her maniacal condition did not abate, and she remained in the corridor in spite of all protests until between two and three in the morning, again enumerating her troubles from beginning to end and heaping abuse on her sworn enemy and on the staff. It was not until three o'clock in the morning that any degree of quiet descended on the hospital and the two girls on the lower corridor could be persuaded to go to their rooms.

Realizing that in such a small building it was impossible to separate the group sufficiently to get control of the situation permanently, we decided to keep some of the patients in their rooms the next morning. Consequently Fanny, who was the laundress, was the only one of the women described who was allowed to go to work, and Amy and Anna, among others, were told to remain in their rooms and rest. This they resented tremendously, and as we had been fairly certain that this would happen, we had arranged in the meantime for the removal of one, and perhaps both, to another building.

Anna battered on her door and threatened to break all her furniture if she were not allowed to come out into the hall. Amy, as was to be expected from her suggestibility, immediately followed suit and demanded that her door also be unlocked. As the other patients were at breakfast and the noise was becoming exceedingly upsetting to those who had already lived through the horrors of the preceding night, and as we realized that Amy was soon to be removed, she was allowed to come out of her room to get a broom which she demanded. As she went down the hall in full view of all the patients in the dining room, she picked up a chair and sent it spinning the length of the corridor with an air of great bravado. Fortunately the furniture of the hospital had been

chosen with such emergencies in view, and the chair showed no ill effects from its journey.

Possibly the most dramatic point of the whole crisis was the docility with which Amy and Anna responded to the order of the disciplinary officer who arrived from the reformatory a few minutes later. With an air of great deference, Anna said, "Will you excuse me one minute while I get my handkerchief?" It was briefly explained that her handkerchief would not be necessary, and she followed the disciplinary officer meekly. These two patients, however, were disturbed to such an extent that it was many days, even in a new environment, before they reached anything like a normal level. Sophie, whose deepest complexes had been touched during the crisis, continued to be disturbed over a long period and was finally transferred to a hospital for mental disease during an acute maniacal attack.

Margaret made considerable noise on the following evening, but gradually became more quiet as the days went on. Until Sophie left the hospital, however, to be transferred to a hospital for mental disease, the fire continued to smolder. One was never sure that another outburst would not occur, in spite of the fact that they were kept apart almost entirely, and although Sophie had a special nurse most of the time from that time on. Margaret continued to be a difficult case in the hospital, but, although she occasionally resorted to screaming as a defense against unpleasant treatment, she gained in control and for periods of one or two weeks at a time was able to do consecutive and always well-executed work.

Amy, after a leave of absence of several months, returned to the hospital at her own request, having wept bitterly at being taken out. While she still showed much emotional instability, she showed also a sincere effort to take responsibility and adapt herself to her environment.

Fanny, the colored girl, who had been in the hospital for a number of months in the capacity of a worker rather than as a patient, was soon after this transferred to the main institution. She had been sent to the workhouse when twelve years old, because she gave her age falsely, and she stated,

probably truthfully, "What I didn't already know I learned there."

Florence had periods of depression in which she was much disturbed. These gradually increased until, during a prolonged attack, she became hallucinated and was transferred to a hospital for mental disease.

In studying the etiology of this emotional crisis, one is confronted with the fact that there were elemental factors in its make-up that were mental, physical, and social, all so intimately bound together that it is hard to separate them from one another. It might be well, however, to examine the stage and its setting, which was so well prepared before the curtain rose and the drama began. For the stage setting was composed of elements that may be considered quite apart from the important factors that caused the crisis itself.

First of all, there was Margaret's very difficult personality, seeking, with the characteristics of Kipling's walking delegate, to stir up a spirit of antagonism in the group in order to gain prestige and to avoid the situation that, because of her hysterical characteristics and her physical condition, was such a hard one for her to face. Second, there was the girls' rage at her desertion of the cause she had so valiantly supported and their disgust at her newly acquired uplift tendency, which was being so disastrous in its back-fire on them. Third, there was the excitement that always follows the production of a play in such a group as this, and, fourth, the loss of the favorite teacher, which, with their childish natures, they resented so much.

The implied partiality of the nurse toward Margaret, and the girls' virtuous demands for fair play during the emotional wave that occurred on the sleeping porch and represented the prologue to the crisis, were in truth but excuses for the preliminary explosion of the seething emotion resulting from the four factors of the stage setting already described.

The curtain rose at last on the real drama, an anlysis of which shows a number of more or less distinct elements in its make-up. The first of these is the notable emotional instability of the entire group, even in the absence of frank mental disease and defect, associated with exceedingly little

inhibitory power. The various mental abnormalities found may be described under the general heading of psychopathia, with perhaps the manic-depressive and schizophrenic trends and the basis of epilepsy already mentioned. Added to this were many exaggerated characteristics of personality, such as extreme sensitiveness, often coupled with aggressiveness, over-activity, over-suggestibility, poor judgment, suspiciousness, defiance, sullenness, and combativeness. Whatever their deeper significance, all of these traits of character, common though they may be to both normal and abnormal people, in their intermediate stage in psychopathic personalities are oftentimes the most obvious cause of the maladjustments of such individuals and constitute the outstanding features of their emotional explosions.

Briefly stated, then, the emotional instability of the group as a whole, plus the abnormal mental trends and the exaggerated traits of character, constitute the most important factors of the drama.

Another factor that stands out with such prominence that it seems necessary to describe it under a separate heading, even though it may be the expression of abnormal trends or of undeveloped personalities, is the extreme immaturity of the entire group. Prior to the episode described, this was evidenced by their lack of appreciation of anything that was done for them and by their incessant demands for the impossible; and during the prologue and the drama, by their general immaturity of judgment, which freed them from any feeling of responsibility of a constructive sort and allowed them to assume unwarranted responsibility for their comrades that could be of no service; and, furthermore, by their exaggerated resentment of correction of any kind. This last characteristic is associated with the antisocial attitude common to many of the women which has resulted only too often in a failure to make adequate adaptation to authority. Their habit of life has been, in most instances, to evade authority in every form—first parental, later as expressed in the school, and, later still, by the law; and they have continually attempted to get the best of every one with whom they have come in contact. The attraction of such women for members of the same sex, their exhibitionism, their auto-erotic ten-

dencies, and their unsocialized egotism may be considered an expression of the fixation of their personality development at infantile levels.

Again, all of the characteristics that we have described as evidences of childishness may be considered attempts at compensation by an ego that has failed to express itself constructively at home, in the school, and in the community. Such manifestations might be considered more basically as socially unconstructive expressions of the instinct of self-preservation.

The third factor in the drama may be found in the strong elemental instincts that seek unhampered expression in the lives of these women. Whether this, too, is the result of mental instability or expresses an imbalance in the psychobiological development of their personalities, it is, perhaps, difficult to determine. This factor was evidenced by the expression of love, hate, anger, and jealousy in pure culture and with much abandon. In the lives of many of these women it frequently seems to be the overpowering urge of elemental instinct that has made it impossible for them to maintain their balance and has precipitated them into the social situations that have resulted in their being sent to reformatories. During their residence in the reformatory, the same elemental urge expresses itself in infatuations for their companions and particularly for colored girls, who appear to be a temporary substitute for the masculine companionship that is being denied them. Fanny's overwhelming popularity suggests the expression of this condition.

The fourth factor of the crisis, and the one that in our estimation constitutes the main difference between the emotional group episodes that occur in reformatories and the excitements that occur in hospitals for mental disease, is the expression of the herd instinct. In the hospital for mental disease, each patient is absorbed by his individual difficulties; in the reformatory, on the contrary, the group may combine with concerted action on the slightest pretext against an individual, against a group, or against authority. One sees evidence of this in the attitude of the group toward the newcomer. They are invariably suspicious of her until they have tried her out and feel that she can be trusted with their

secrets. Their cruelty is extreme if they think she will "rat" on them. Episodes of a so-called hysterical nature, such as are seen throughout history—the burning of the martyrs, the punishments for witchcraft, the lynchings in the South—have undoubtedly been in part an expression of the herd instinct.

In this episode there was an additional element of racial feeling that further exaggerated the tendency already present to band together against the enemy. This seems to indicate a close relationship between the herd instinct and the instinct of race preservation. Perhaps the fury and emotion evident in the manifestations of the instinct of the herd may be explained by its close relationship to the instinct for the preservation of the race, which is already recognized as the source of much of our strongest emotion. The factor of suggestibility already mentioned as a characteristic of the personalities of many of the individuals of this group is doubtless an influence that accentuates the expression of the herd instinct.

A fifth factor, which should at least be mentioned, is that of the physical elements that played their part in the scene. The greatest irritability in nervous patients, as is well known, is frequently seen in connection with the menstrual period. This would account for Margaret's excessive irritability at the time, which was of course an element of the greatest importance in the emotional wave.

One might wonder if, in a group of this kind, established sex habits that were not having outlet should not be considered a cause of irritation and restlessness. In the present instance, however, this factor could be ruled out to a great extent since the majority of markedly disturbed cases in the group had had very little sex experience.

The sixth and perhaps the most significant factor in causing the extreme intensity of the situation, once it was started, was the individual complexes that were aroused in two of the patients. Sophie had said months before that she was troubled over something that she would reveal to no one. During the acute maniacal attack that preceded her transfer later on to a hospital for mental disease, she told us that she had married a Gentile by whom she had had a child. After living unhappily with him for a year and a half, she left him.

She did not know where he was or whether the child was still alive. She had never spoken of this, and even her own family was ignorant of it. An epithet applied to her on the night of the crisis had been used by her husband in one of their most emotional scenes to express his contempt of her. This brought vividly to her mind the part of her life that had been the cause of her greatest suffering and was associated with her most intense emotions. The cause of the attack was doubtless the stirring up of the emotional levels that she was trying so hard to repress.

Margaret also had deep emotional levels which she was unwilling to have tapped and which were related likewise to the factor of race. Her enmity for Sophie recalled her hatred of her stepfather, who belonged to the same race. She had been devoted to him and jealous of her mother, as she sometimes admitted frankly and also described to us unwittingly in her dreams. At the height of her emotional outburst, she informed us that it was because of her stepfather that she had finally left home and taken the step that resulted in all of her troubles.

If such an episode as we have described were indigenous to the soil of our psychopathic hospital, there might be reason to think it the result of our leniency. But its counterpart is only too familiar to those who have dealt with the same class of women under a variety of circumstances, and might be considered a mild outburst when compared with the riotous times that even at the present time are not infrequent in similar institutions and in which the participants appear to hold lightly human life itself.

The treatment of the psychopathic delinquent woman involves the rehabilitation of the entire individual. To this end as many resources as possible should be made available. These resources may be briefly summarized under the four headings: therapy, education, social organization, and discipline.[1]

[1] We believe that had some system been in use in which there was a definite deprivation of privileges for unsocial behavior, and had such a system been administered from a therapeutic rather than from a punitive standpoint, there would never have arisen the extreme situation here described. After the experiment of

Therapy should comprise treatment of both a physical and a mental nature. There should be the equipment of a general hospital as well as of a psychopathic hospital, that there may be facilities for establishing the best possible physical and nervous foundation for a mental and social reconstruction.

The educational resources should include instruction in clerical, industrial, domestic, and out-door occupations, as well as in ordinary school subjects, in order to furnish opportunities for stimulating individual interests and to supply incentives for their development.

The social resources should include an organization that would encourage the best institutional spirit possible, whether it be obtained through an honor system or through some modified form of self-government. Very important in the social scheme are the recreational activities, which should be sufficient in number to be constructive, but never demoralizing.

The discipline—which we believe to be indispensable, both from the standpoint of the individual and that of his management—should serve to maintain as high a standard of conduct as possible in the institution and to increase the efficacy of the whole program of treatment.

The solution of this very intricate problem will never be found, we believe, in therapy alone, in education alone, in self-government alone, or in discipline alone. The best chance of its solution lies in the utilization of all these resources by those who have the greatest knowledge of human behavior. It is because of their experience with human conduct in many of its deviations from normality that neurologists and psychiatrists are urged to contribute their efforts toward solving what is, perhaps, the most difficult of all social problems.

pure therapy had been tried for a period of seven or eight months, a disciplinary matron was installed who had had success for years in dealing with the most difficult women in the institution. She worked in conjunction with the physician, helping the women to make adjustments that the physician found advisable for each individual patient. She deprived the patients of privileges when necessary, but always as a therapeutic rather than a punitive measure, and with the knowledge and consent of the physician. While the management of the hospital did not become an easy one even with the support of such a disciplinary backbone, still there was much less friction than before, and the patients were able to accomplish far more in a constructive way than ever had been possible under the old régime.

MENTAL HYGIENE AND THE COLLEGE STUDENT*

FRANKWOOD E. WILLIAMS, M.D.
Associate Medical Director, The National Committee for Mental Hygiene

PHYSICAL health cannot be an end in itself. We would seem to lose sight of this at times, although we tacitly admit it at all times in our failure to esteem highly those about us whose only claim to distinction is an exceptional physical prowess. Physical health can only be a means to an end. Longevity can scarcely be that end, for longevity of itself can be of no importance—it is the quality of a life that counts. The end we all probably have in mind as the chief justification of our work is that in increasing health we are making possible an increase of individual happiness and efficiency; and by efficiency we no doubt mean not, narrowly, economic or industrial efficiency, but ability in meeting personal problems of whatever nature. But happiness and efficiency are but partially dependent upon physical health. Of all the unhappinesses that you and I may have had during the year that is now just closing, how precious few of them have had their source in ill health! How many of our failures and inefficiencies, little and great, can we honestly say were due in any large part to poor physical condition? Or how much happier do you conceive we would have been, or how much more efficient, had our physical health been tenfold better?

I do not, of course, minimize the importance of physical health. Had serious epidemics been abroad in the land, or had our physical health, because of ignorance or indifference or carelessness, been not what it was, our unhappiness during the past year would have been increased many times and our efficiency greatly lessened. I would merely point out that if our goal in public-health work is essentially to increase human happiness and efficiency in a positive way, we are likely to

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miss that goal if we act upon the belief that it is to be attained through physical agencies alone, and continue to ignore the fact that happiness and efficiency are essentially dependent upon mental factors.

Colleges and universities have been slow to recognize in any practical way the importance of physical hygiene, although the fact that this meeting is possible is evidence that faculties are beginning to see that it may be worth while to look after the health of students while those students are yet well. It is extraordinary, however, that universities whose function it is to work with the minds of students should still attend so little to the mental health of those students, although reasons for this neglect may not, after all, be so difficult to find.

If some have felt that happiness was dependent upon physical health, there have been others who have felt that happiness was dependent upon intellectual development. Educational systems have been built largely upon this assumption—train the intellect and school the will that they may rule over the "baser animal parts." It is upon this that schools and universities have been engaged. Intellects have been trained in great number, and the result in increase of knowledge has been very large. A child in the grade school of to-day has more information than had Aristotle. But with it all we find ourselves little nearer the goal. Much as it may injure our self-esteem to admit it, we are forced to doubt that happiness and efficiency are rooted in intellect. It fills us with pride to think that our lives are controlled and directed by the forces of our intellects—thus as humans we are different from the animals. Unlike the animals, when faced with a difficult problem, we gather together our bits of information and apply cold reason to the formation of our judgment. Although each of us occasionally may wish that we had a little more "brains" to apply in making a judgment, we are quite sure that it is the "brains" (intellect) we have that are applied. But we largely fool ourselves. If we will ground our pride, I think we will find that all too often our decisions are quite largely made before our intellects come very fully into play, and that our intellectual processes perform the function largely of finding reasons to justify the already made

decision. In other words, our decision has been made upon an emotional basis rather than upon an intellectual one; the control and direction of our lives lies here, and what we each need is not alone more "brains," but a larger conscious control of what "brains" we have. If intellect controlled our destinies, most of the great problems of the day could be very soon settled; but, as we know all too well, intellect, in its relation to these problems, is largely used for balancing, countering, and compromising conflicting emotions. We know, also, quite well that this is equally true in the problems of our individual lives. The application of the "dry light of reason" alone would soon resolve most of our problems, but this dry light has a limited opportunity, for few, if any, of the fundamental and controlling interests of our lives and the problems that arise from them are alone intellectual.

There are other reasons why universities have been indifferent to the mental health of their students. Mental ill health has meant to them mental deficiency (feeblemindedness) or mental disease (insanity), and of the former there is none to be found in universities and of the latter only an occasional case. Mental hygiene, therefore, cannot be an important problem for them. This, however, is a misconception. Mental hygiene as a movement has had to concern itself very largely with the problem of the care and treatment of the great body of helpless sufferers ill of frank mental disease and with the social and economic problems that develop about them; but mental hygiene as a department of medicine is vastly more concerned with the mental health, the happiness, and the efficiency of the average normal person, of you and of me, of our wives and our children and our neighbors.

Then, too, mental hygiene seems a vague and intangible thing. It is still surrounded in the minds of many with superstition and mystery. A cat may look at a king and we no longer call it lese majesty; we may admit a belief in the science of modern biology and not be termed sacrilegious. Both terms have largely lost their force to-day, but the noisomeness and fearfulness that once surrounded them have not gone out of the world, and if we refuse a worshipful attitude towards intellect and turn our attention towards emotions, while the once fearful words will not be applied, much

that once went to make those words fearful is likely to settle about. Men fear most, of course, that of which they know least. We may feel safe in speaking of intellect—moral connotations have been stripped away; we may even glow with pride in speaking of will—the will has always been a moral agent; but the emotions have always been a "poor relation," and not only a "poor relation," but a "poor relation" that has done time in the workhouse, whose ancestors were all bad. Men in his line have been hung for murder, and it is reported that they have not always had a proper attitude towards women. He is animallike and low, and, if we cannot deny him, we can make a pretense of ignoring him. This will at least help us to differentiate ourselves from his bestial line.

Except for contagious diseases, the lack of helpful information is probably no greater in the field of mental and nervous disease than it is in any other field of medicine; and ignorance, as an excuse for fear, is no more justified here than elsewhere. Let us for a moment look into the situation of the college student to see, first, if the problem of ill health is one that we need be concerned about, and, second, if there exists a body of knowledge that may be of help. Let us review some of the immediate problems with which the college student finds himself confronted, the tools he has at hand with which to meet these problems, the solutions he is likely to discover in using such tools, and the possible consequences of those solutions.

Decisions for the first time rest with him. He has been quite ready to make decisions for some time and has frequently been piqued that more liberty has not been given him in this regard. Decisions, he figures, are easy to make. One needs merely to know exactly what one wants and to move directly towards it. There will be slight distractions, to be sure, but with a clear purpose and a will to succeed, there should be no real difficulty. One must distinguish sharply between right and wrong. The counsel one has received in one's youth need not, to be sure, be the final word, for times change. In the newer situations one must use one's own judgment, but there are certain fundamental principles that should be adhered to. These principles are largely axiomatic, are world-old, and, therefore, are to be depended upon. One

should be honest with one's self and with others. This should really not be very difficult. One should be sure of one's motives. One must credit others with equally good motives. It is probably true that there are people who are not honorable, who cannot be wholly trusted; but the number is probably not nearly so large as has been supposed, particularly among educated people. If one is fair and straightforward, others will be equally fair and straightforward. One should be frank, friendly, and generous. And one must be open-minded. One must not be easily discouraged. There are bound to be periods of discouragement and failure, of course, but one can always learn from one's failures and make them stepping-stones to better things. The thing will be to find out just why one has failed and see to it that it doesn't happen again. Thus courageously, if naïvely, the student starts out to add to his store of knowledge, and, in all good faith, to prepare himself to make the world a "better place because he has lived in it."

Somewhat to his surprise, he soon finds that he is not called upon to meet the larger issues he was prepared for. There seem to be no moral dragons to slay. It is all so much simpler than he expected. As he had rather suspected, his friends at home have been oversolicitous; but that, of course, is natural, for it is impossible for them to know what college life is to-day, and they have never fully understood him or had the confidence in him that he has deserved. One wishes one might be tested a bit more, that more important issues might be at stake. The problems one meets are petty and unimportant, merely troublesome, such as the distribution of one's time. How much should one "bone"? There is, of course, more to college than just books. One should mingle with one's fellows; one must have recreation; and one should be interested in athletics, even if one does not take part. One should be a supporter of all that is best in college life. How soon should one begin to specialize? Is one justified in giving more time to a subject in which one is particularly interested and for which one has a bent—as, for example, literature—or should one school one's self by forcing one's self to give time to a subject for which one does not seem particularly adapted, as, for example, mathematics?

Is it really dishonest to falsify one's monthly expense account? If a true account is given, it is likely to make the folks at home a bit unhappy; but when things are really all right, is one justified in causing this unhappiness, when it is due not to the situation, but to a misunderstanding of the situation?

There are so many odds and ends of things hanging about undone. How does he happen to forget these things? How did they get done at home? He cannot remember that he was even very much aware of them before. None of them is important, but collectively they are annoying and troublesome. One should have system and organization, but all his systems seem to get too complicated and his organization is always being upset by extraneous circumstances.

Without knowing it, he misses affectionate attention and, restless, goes about looking for something he cannot find. He finds himself but one in a crowd, and there arise the problems of mingling with the crowd, of losing one's identity in order to find it; the problem of making and keeping friends, adapting himself to fraternity or other group relationships. Gradually philosophical doubts or social and economic doubts begin to assail him, and he finds himself afloat on a sea of troubles. Anxious and concerned, he throws out anchors of axiomatic truths that had been forged for him, but they drag or snap. If he does not lose entirely and from thence on float about a dangerous derelict, he will likely find eventually quieter waters, but with the marks of his combat deep upon him. Permeating the entire situation, there will be not one, but several, sex problems to bother him.

As the student in the midst of his new complexities begins to take account of himself, what does he find? Although he has always been rather pleased with his self-assurance and ability to meet and mingle with others, he may find himself surprisingly awkward and embarrassed in the crowd. He has always enjoyed the society of others, has been, in fact, more or less of a leader at home; but now he finds himself filled with a strange self-consciousness and an embarrassment in trying to express himself. In fact, he does not express himself, not his real self. His new acquaintances, he is sure, are getting quite a wrong impression of him. They think he

is inclined to be fresh when he has no desire to be fresh; or they think his ideas and opinions are unimportant when he knows they have value. He is sure he is better than a good many of those about him, but some seem to be getting the idea that he need not be considered. He is sure they are not getting his true measure. He is surprised at a lack of facility for making friends. He does not wish to be a hail fellow well met, but he would give a good deal to be able to learn to know people as readily as some of the others do. He knows he is capable of very deep friendship. He has a high ideal of friendship—nothing is more real than a true friend; there is nothing he would not do for a friend. But no one seems particularly interested in having him for a friend. How does one go about making friends? He is very much attracted to people who seem quite indifferent to him. When he joined the fraternity—or when, with a group, he decided to stay out—he thought this problem was solved, for he never liked a group of fellows more, particularly the older men—was there ever such a fine lot? And to be not only a friend, but a brother to these men! But now, as things have settled down for the year, they do not seem to pay much attention to him. In fact, some have been quite disagreeable. He does not seem to fit in.

He has an opportunity to compare himself with others, such as he has never had before, and the comparison is not always in his favor. In his former small group he may have shone as an unusually good student; or he may have had facility for some particular subject, so that he excelled. Here he finds that there is nothing exceptional about him at all. In fact, most of the students in his classes have as good minds as he, and many far outclass him. Indeed his ability seems quite ordinary. He no longer takes pride in any special facility—there are quite too many who are far cleverer than he, in what he thought was his own field. From this and from other comparisons, he becomes aware of what he believes to be an inferiority. This may be increased in the gymnasium, where he may find that his physical development does not compare well with that of others—he was not aware of this before; he had considered himself as sturdy and as well-developed as the average fellow. But this reminds him of

some habits of his, and he recalls how, upon starting this new life among men, he was going to be through with those habits. It would somehow be easier; in fact, it would be quite easy. But he hasn't changed; he is just as rotten as he ever was. No wonder he looks like a wart beside these fellows. How disgusted they would be if they really knew! Of course, manly chaps like these have never had such habits. They are men of strong will. He is different and really hasn't any right to be around them.

But if he finds himself inferior, he is generous enough to be glad that there are real men in the world—men of brains, men of integrity, and men of strong will. He finds them about him. He places them upon pedestals, glories in them unselfishly, and in his humble way tries to be worthy of them. And all too soon he finds his heroes have hideous feet of clay. In the classroom he may find both intellectual and emotional stimulus. Warmed by the enthusiastic discussion of a professor in classroom, he seeks him out in the quiet of his study, for he has seen a light and must know more of this. What he expects to find he himself probably does not know, but vaguely there is a feeling that professors who glow in the classroom glow at all times. He finds the professor more or less just human and probably a bit bored. In his shock and disappointment, he puts him down as considerable of a faker —as an actor who has no real interest in his subject, but who for classroom effect screws himself into an emotional enthusiasm he does not feel.

He finds himself strangely moody at times. Neither especially happy nor sad, but stirred by a vague discontent and restlessness. Spice and zest seem to have gone out of things. He is indisposed—he is probably just lazy, he thinks. Or things may take quite another turn and instead of vagueness there may be unaccountable floods of emotion that pass over him and puzzle him. But whether the puzzlement is from one source or from another, he finds his attention distracted and work becoming more and more difficult.

He is distressed by a strange new attitude he finds developing toward his family. He has come to the time when emancipation from the family, the breaking of bonds that hitherto have held and limited him, is necessary. But he does not know this

except vaguely. He knows that the family bothers him; he wishes they would let him alone. They mean well, but they do not understand either him or his problems. In fact, they never have. What are relatives anyway? After all, why should one "love" one's parents? One's parents are a fortuitous circumstance. One has a right to one's own individuality, and the development of individuality may demand getting rid of all fortuitous baggage and assembling about one's self those things and those people who best express or best call out the larger things in one's personality. At any rate, "love" and "affection" cannot be commanded. If he doesn't "love" them, he doesn't "love" them, and that is the end of it. It cannot be helped.

This new attitude shows itself, although it remains unexpressed, in many ways to those at home. The situation is likely misunderstood, and the boy begins to receive letters of complaint and upbraiding for his neglect of home, for his infrequent and unsatisfactory letters; father writes and says that the boy is making mother very unhappy.

In boisterousness and a bit of rioting, perhaps, the boy covers his feelings, but he is exceedingly unhappy. Books are neglected, for in the solitude of his room his thoughts gnaw at him. Extravagant diversions give him relief. Is he really a rotter, he wonders. He recalls now with some satisfaction what at the time he refused to admit—that earlier in the year he was a bit homesick. He ought to feel sorry that he has hurt his mother, and in a way he does and in a way he doesn't. Is he becoming incapable of affection? He hates silly sentiment, but is he capable of nothing more? At least he might be loyal to those who have been loyal to him. He might pretend an affection; but that would be grossly dishonest and dishonorable. But is anything more rottenly dishonorable than not to feel a sense of obligation to those to whom one is really obligated? It's all a confused mess. Through misunderstanding and consequent bad handling of the situation at home and through the growing strength of the boy's own biologic urge for independence, the breach grows. Although a fairly satisfactory compromise will likely be found eventually, the boy will gain his first steps in emancipation at a price in unhappiness, loss of time, and of efficiency that should not have been paid.

From the many emotional problems with which adolescence is faced in any place, but more particularly in college—the losing and finding of one's self in the crowd, the making of friends, the comparisons, physical, intellectual, social, that are forced upon one, the assimilation of new knowledge and points of view, the deciding of courses and principles of actions—I have selected a few. I may not have been happy in my selection, but I have tried to choose the most simple ones, those that are quite upon the surface and in more or less full consciousness, and have been careful to avoid the more complicated problems that lie essentially in the unconscious field, even though these are more significant, and more important in their consequences. I have much over-simplified the account, but let us see where even this very simple and obvious account leads us. Have these rather commonplace stresses and strains any significance?

You will probably say not. There is nothing unusual about these experiences. They are more or less the experiences of every student. It is these things that make the man out of the boy; there is probably nothing more valuable in the whole of the boy's college life. We have all been through it. None of us has experienced any particular harm from it, and we can now even look back with considerable amusement at the turbulency of those days.

A boy becomes a man by the mere physical process of living a certain number of years. The quality of his manhood and his effectiveness, however, is quite another thing. If you still believe that all children must have measles and that the sooner they have them, the better, then you will see only good in this process. If you believe there may be serious after effects of measles that it is well to avoid, then you may be willing to consider possible after effects in some of these situations. Or, if you are one of those who believe that the best way to teach a boy to swim is to throw him unassisted into water over his head, you will thoroughly approve the present method of letting the boy sink or swim in another situation.

There is not one of us but has his psychic scars of this period. There is probably not one of us but would like to be more efficient, more forceful; would like to see his prob-

lems more clearly; to make his work more sharp-cut and direct; to keep to his plan with less distraction; to maintain a better perspective; to gain a closer coöperation with others; to be more successful in presenting his point of view to colleagues; to win greater confidence; to have a larger faith in his own integrity. All sorts of reasons we assign for our failures, and mostly they are intellectual. When it comes down to it, we simply haven't the brains. It does not seem to occur to us that we may not have the full use of the brains we have. I question if it is the quantity or quality of our intellects that hinders us. I am inclined to think it is our emotions we stumble over—our prejudices, our antagonisms, our strong likes and dislikes that catapult us into judgments that we must later find reasons for defending; our habits of thought and stereotyped methods of reacting; our undercurrent of cynicism, perhaps (in spite of the fact that we thoroughly dislike cynicism), or our too constant and ill-founded optimism, or our false pessimism (false, because we do not intend to be pessimistic, and yet we seem to react pessimistically before we know it); our too great placidity, perhaps, or our touchy irritability; our surprising intolerance, when we pride ourselves on breadth of view; our astonishing lack of generosity, when we wish to be generous; our disconcerting tendency towards disingenuousness, when we wish to be frank; the little intellectual dishonesties we slip into almost unaware, when we believe such things beneath contempt. And yet we are reasonably successful men. No one—and least of all do we ourselves—feel that there is anything mentally wrong with us. The difference, however, between ourselves and our less successful colleagues or between ourselves and those for whose failures we erect hospitals is largely a difference of degree.

It is not possible here to describe in any completeness the various ways in which the college student may react to his unusually stimulating environment or to trace to their source the various mental habits, helpful and otherwise, he is likely to acquire in his unaided effort to understand both himself and his environment and to find some sort of acceptable compromise between them, but we may select a few for discus-

sion, again the more simple and obvious, and from them judge somewhat of the significance of the whole.

What way he will take depends, of course, upon a good many circumstances—very much upon the mental habits he has formed earlier, somewhat upon his native ability or the congenital quality of his nervous system, to a certain extent upon his physical health and the acuity of his intellect. None of these things, however, even at best, will give more than an added buoyancy to his craft. None is more than an assurance.

He may find his way out quite successfully. He may develop a faculty for analyzing situations with an almost uncanny skill. He may learn to meet his problems frankly and to find a direct way through them. He may be so fortunate as to find some wise person who will help him. But even if this be not so, he may come through even as you and I—sufficiently well to deceive the world most of the time and ourselves at least part of the time and to win a not uncreditable amount of success in productiveness, efficiency, and helpfulness—but with our distinct handicaps.

He may fail entirely. The confident youth of October may by January be a quite disconsolate youth. He is full of worries (a symptom, not a disease); his sleep is badly disturbed; his appetite is gone; he is unable to study, he knows he is going to fail. This adds to the worries, and the vicious circle is confirmed. He has distressing headaches; his eyes bother him; food nauseates him; or he has cramps and diarrhoea or he is constipated; he feels weak all over; it is almost impossible to get up in the morning and, when once up, it takes a mighty effort to get himself about. He likely has his own idea of what is the matter—he has ruined himself with his disgusting habits, the very habits he has been "warned" against. This is not a thing he can see a physician about. He may pack up and go home, a self-confessed failure. He may struggle on until the faculty send him home at the end of the semester. He may consult a physician, who, finding nothing wrong with his eyes or his stomach, may dismiss him. If he confides in the physician his own fears, he may find help and assurance if the physician is one who has come to conceive all anatomical parts as equally human; while he

may have his worse fears confirmed if the physician is one who is still able to distinguish in man's anatomy both human and animal parts.[1]

From every university and college there drop out as failures each year a considerable number of young men and young women. The faculty have felt assured that they have not had the intellectual ability to get on and have asked them to go. A sense of failure is thereby added to their already exaggerated feeling of inferiority, and they enter upon their way in the world with a handicap from which they may never succeed in freeing themselves. It is not to be doubted that students do occasionally get into college who are not sufficiently equipped intellectually for college tasks, but a proper investigation will show beyond any question that in a large number of cases the intellectual ability has been quite sufficient, but that, enmeshed in a complex trap of emotions, from which in many instances they might quite easily have been extricated, these students have been unable to utilize what intellect they had. The university, with its interest narrowly focused upon the intellect instead of upon the mind as a whole, has seen the failure, but has not been interested in carefully investigating the cause or in protecting against it. It would be just as reasonable to neglect a student who had broken his leg and, when gangrene had set in, to expell him for not attending his classes. But the boy with a broken leg is not neglected; every possible skilled attention is given him, for the university can see that the broken leg is no reflection upon the boy's intellect—the intellect will still be worth training after the bones are knit. But the boy who is wrestling with a crisis in his emotions is left to struggle alone, although the consequences may be far more serious, and, when his difficulties have got the best of him, is cast out as unfit. If faculties were composed of those who believe that broken legs and appendicitis are "errors," it would be

[1] I have emphasized here the problem of masturbation because it is so frequently a source of difficulty; but it is to be remembered that even in those cases where it seems to play the major rôle, it is not the complete account; although an important element, it is but one of a number of elements in the situation; at best masturbation is but a symptom. Neither is it safe, in cases such as that outlined above, to jump to the conclusion that masturbation is an essential element.

reasonable of them to demand that the boy with a broken leg correct his "error" and attend his classrooms, or depart. But, although broken legs are tangible, concrete things in the view of faculties and to call them "errors" is ridiculous, these same faculties would seem to see no absurdity in considering emotional difficulties "errors."

A larger number of students than is supposed develop, as a result of their experience and its neglect, frank mental disease (insanities); others stumble out of the schools only to be picked up and tended a few years later. A very much larger number develop crippling and incapacitating neuroses. Scattered between the two extremes, however—those who successfully find their way through and those who develop frank illness—comes the large body of students, each with his own particular warp. Some are very considerably warped and will recruit the world's supply of college-graduate failures and mediocrities. We may review briefly this group in the making.

In any college group there will be found those who are beginning to edge away from the crowd. This edging away should not be confused with a later adult desire to simplify one's life, to get away from the distractions of manifold duties, the "continuousness of discontinuities," where one can think and plan in peace and quiet. The adolescent group of which I speak withdraws, not deliberately in order to think and to solve problems, but instinctively, perhaps, we may say, in order to avoid pain. It is the beginning of a withering-up process, as of a plant too long in the direct heat of the sun, and leads to various degrees of incapacity, from the dementia-praecox patient in the hospital, content with his own autistic thinking, to the ineffectual day-dreamer on the outside. Up to now, the student has healthfully been putting out pseudopods, as it were, feeling out and absorbing from his environment; but he begins to find his environment too complex. In whatever direction he puts out a pseudopod, he finds not food, but nettles; reality has become too painful; pseudopods become less frequent; he begins to roll up in a ball and to find contentment in a world of his own construction; the less that world is checked up with reality, the greater the contentment.

Others, to the same general situation, react a bit differently. Day-dreaming and fantasy building fill up their lives. Not the day-dreams that are inspirational means to ends more real than reality, the dreams that make the world go round, but dreams that are an end in themselves, for they are hitched to no dynamo. These students glow with fine emotions and are frequently the joy of their instructor, because of their quick appreciation of the finer sentiments and ideals he is trying to express. Later he records these students as "disappointments," but with no sense, probably, of personal or university responsibility, or of opportunity neglected, of succor withheld because the need was unrecognized. To him, in all likelihood, the matter is an unfathonable matter of fate, much as he may still consider infant mortality—"The Lord giveth and the Lord taketh away. Blessed be the name of the Lord."

If a keen sense of reality and the habit of constantly correcting one's thinking by reference to reality is necessary in the development of the steadfastness and clearness essential to mental health, so, too, is intellectual honesty; and yet in any college group may be seen the development of contrary habits. An easy expedient in meeting a disagreeable situation, for example, an unattainable desire, is to deny the desire and to minimize the value of the thing wished for. The wish is genuine, nevertheless, and assuming a false attitude merely makes it much harder to meet any later situation in which the wish comes and should be realized.

Emotional difficulties may be met by rationalizing them, a process whereby one succeeds (only partially) in deceiving one's self, although quite frequently others by assigning for a course of action a reason that is not the real reason, which would be disagreeable and painful, but a reason that is plausible and much more satisfying to one's self-esteem. "I did not apply for a commission in the Medical Corps during the war because I could not be spared from my own community." A true reason in many cases; a rationalization in others. Not meeting the situation does not resolve the mental conflict involved in the situation and this lives to assert itself in many undesirable ways.

There is probably no snare of greater importance to the student than that involved in the development of a feeling of inferiority, for the injuries received here will likely remain with him for the rest of his life. The sources of this feeling are many and cannot be entered into here, but in any adolescent group the infected can be found. There are many types, but probably two of the most common may be discussed. The one is quite obvious, the other more deceptive. The one shows quite clearly by his demeanor that for some reason, quite likely a false one, he has found himself inferior and is accepting his lot. To the puzzlement of his associates, he may occasionally burst out in a show of strength, usually at an inopportune time and over unimportant matters, but this only leaves him more defeated and humiliated. Or he may find relief in coming to consider himself "different," of a finer and more sensitive quality than his fellows, to make capital out of idiosyncrasies, to sentimentalize, to invite moods, and to believe eventually that he is not made of rough world stuff, but that he is essentially spiritual and poetical.

Quite in contrast is his fellow student who, in his adolescent judgment, thinks he, too, has seen a specter of inferiority, but who buckles on a thick armor of bravado and defends himself by attacking. The idea that he may be inferior is intolerable, and he endeavors to prove to himself that he is not by developing an enormous self-conceit and by attempting to bowl over opposition. He may not be an unattractive youth and is likely to "get by" for a time, but his device is a boomerang.

Equally confusing to the individual and probably even more important in its complicated social effects is the process students find of transferring emotions. Something must be done with a strong emotion. It will not evaporate. It may be partially satisfied by rationalizing a cause for it, or one may rid one's self of it by assigning it to elements in the environment. Borne down by a sense of failure and inadequacy, self-respect may be maintained by finding the cause not within one's self, but in the unfairness and the unjustness and the misunderstanding of others. They and not we are to blame; self-respect is in part maintained, but at the cost of a habit that is insidious and capable of much elaboration and develop-

ment. Emotions may be transferred bodily, so that what is in reality a dissatisfaction and disgust with one's self becomes an intense dislike and antagonism towards another individual against whom we have no cause for complaint, except—and this we may realize but vaguely—that he somehow keeps us aware of the deficiencies and inadequacies we are trying to ignore.

These and similar reactions, simple and harmless as they may seem, lead, as those who have cultivated them move in life to more critical and complicated relationships, to many perplexing personal and social difficulties.

During the social confusion of the last few years, there have been those who have been puzzled or alarmed or angered by the apparent radical tendencies of college groups. On the whole these "radicals" have been among the more intellectual of the students, in spite of the fact that some have found reason to question their intellectual capacity and others have considered them "cracked" or not just right in the head. Few, I think, except in psychiatric circles, have considered them university casualties and yet, clearly, that is what many of them are. The intellectual ability of many cannot be questioned, whether we approve of their views or whether we do not, but the mental integrity of others is quite open to question. Two men may hold identically the same opinion on any given subject and one may be mentally sound and the other mentally sick. The sanity or lack of it is not to be determined by the opinion, but by the source of the opinion. Very many of these young radicals—and just as truly very many of their most zealous opponents, both old and young—are of, or derived from, the group of students we have been discussing—students whose intellects and whose physical condition have been carefully attended to, but whose emotional lives and habits have been permitted to take their own course. Finding no other suitable outlet, emotional energies generated at sources quite apart from and bearing but slight if any relationship to the situation at hand (usually quite ascertainable sources) have flown into these social situations. At first the student may be quite surprised at the intensity of his reaction to a situation about which he thought he had some doubt. He is somewhat taken aback by the strength and sharpness of his

ability to "hate" and to "admire," in spite of a faint intellectual questioning. But whatever of intellectual doubt there may have been in the beginning is soon swallowed up in the intensity of his emotions and his (emotional) personal reaction to a situation is taken as a personal understanding (intellectual) of the situation. In such a position he is impregnable, for direct assault is not possible. We blame him for the harm he may do. In time of war we throw him into prison and in time of peace we hurl epithets; if we have any feeling of responsibility for him, it is probably no more than a weakly eugenical one of blaming ourselves for ever having permitted him to be born.

In no case is the process quite as simple as I have described it. These few types of reactions that I have discussed do not occur singly, but in various combinations one with the other and with many deeper-lying and more complicated reactions that I have not discussed, until the result becomes the seemingly inexplicable thing we know as temperament or personality or idiosyncrasy or queerness or disease, depending upon the qualitative or quantitative variant of its elements, but, in any case, all off the same piece of cloth. Thus the fount from which pours our emotional life may be poisoned at its source. Our personalities cannot endure naked before the forces that assail them any more than can our bodies. Protection of some kind becomes necessary, but in building our protection we build clumsily, for we burden ourselves by seeking to protect ourselves, not alone from the forces, but from the fears that for us still reside in the forces. In the physical field knowledge has made us more skillful. We erect roofs over our heads to protect ourselves from the elements; but we are helped by knowing that those roofs are to protect us from the rain, the wind, and the cold, and not handicapped by believing we must build against demons and angry gods that reside in these elements.

In spite of increased skill in training intellects and in spite of increased facilities for the protection of the physical health of students—and more power to both of them—the goal, if that goal be the increase of human happiness and efficiency, will not be reached by these alone, for neither happiness nor efficiency is fundamentally dependent upon them. Emotions

as well as intellect and mental health as well as physical health must be made a part of the program. In thus widening our program we will have immediately in mind:

1. The conservation of the student body; that intellectually capable students may not be forced unnecessarily to withdraw, but may be retained.
2. The forestalling of failure in the form of nervous and mental diseases, immediate or remote.
3. The minimizing of partial failure in later mediocrity, inadequacy, inefficiency, and unhappiness.
4. The making possible of a larger individual usefulness by giving to each a fuller use of the intellectual capacity he possesses, through widening the sphere of conscious control and thereby widening the sphere of social control.

EXPERIMENT TO DETERMINE THE POSSIBILITIES OF SUBNORMAL GIRLS IN FACTORY WORK*

ELIZABETH B. BIGELOW
New Haven, Connecticut

THE unusual conditions of the past four years—the enlistment of large numbers of men in the army and the flocking of workers from the more stable industries to the ammunition factories—resulted in a shortage of labor so serious that industries were obliged to draw upon every possible source of supply, even including what had previously been considered "the human scrap heap." People who once would have received no consideration were now able to obtain employment and to command good wages for poor work. Soon it became apparent that many of these workers were subnormal, and as a result of this new element in labor, new difficulties arose. Industry was suddenly confronted with an abnormal situation, which it was wholly unprepared to meet.

One of our largest rubber companies, being confronted with this problem, set about finding a solution. This company owned a number of factories in the Eastern part of the country. In common with other industries, they were forced to employ a low grade of labor, and they realized, as most industries did not, that this included many subnormals and that many of their labor troubles were due to this fact. They were far-sighted enough to see that it would be advisable to study this new type of labor and determine just what were its possibilities. There was every indication that in the future subnormals might have a permanent place in industry, since subdivision of labor had replaced the skilled workman, able to perform an intricate piece of work, with many workers, each performing one simple task and knowing little or nothing of its relation to the product as a whole.

The rubber industry is far less advanced in this respect than almost any other; in fact, it is the only large industry

* This experiment was conducted with the advice of Dr. Arnold L. Gesell, Professor of Child Hygiene, Yale University.

that still remains a handicraft. Only recently has subdivision of labor been attempted and it is still in its infancy; in many instances a rubber is still made by a single maker from start to finish, without the aid of machinery. For this reason, more jobs suited to subnormals could have been found in almost any other industry. Yet even here the breaking-down process had begun, and there was already an increase in monotonous jobs, requiring less skill and less mentality. It was thought that if the less intelligent workers could be placed on these unskilled jobs, leaving the more difficult jobs for the higher type of workers, it might help solve some industrial problems. It would serve as a means of promotion for the higher-grade workers, while those with less intelligence would be satisfied with monotonous, unskilled jobs. This might decrease labor turnover and be of benefit to all the workers.

It was evident, however, that subnormals must be handled by different methods from those employed with higher types of workers. They were often misfits; they did not get on well with other workers and they were difficult to manage. Also, it was apparent in many cases that they were not suited to their jobs. To determine what types of job were within their capacity and to bring out points of management that would help the industry to deal more efficiently with them, it was decided to undertake a piece of research work with them, to be conducted as far as possible on a strictly scientific basis. A person experienced in working with subnormals was found to conduct the experiment. Professor Arnold Gesell of Yale gave the new venture the benefit of his advice. It was, of course, necessary to have controlled conditions. Subnormals could not be studied to advantage in the factory. In order to obtain results of any real value, it was planned to study a small group in a separate workroom, which was to be considered as a laboratory. Data as complete as possible were to be collected upon all phases of the problem, psychological, social, and economic. Such an experiment had never been conducted before, and offered interesting possibilities.[1]

[1] Although an experiment like ours had never been tried before, yet there has been some work with subnormals along industrial lines. See *Colony and Extra-institutional Care for the Feebleminded*, by Charles Bernstein. MENTAL HYGIENE, Vol. IV, pp. 1-28, January, 1920.

The work was carried on from March 29 to December 1, 1920, when it was temporarily discontinued because of business depression. Even in this short time results were obtained that are of value to the industry and that will, we believe, be of interest to many people outside. Although we have naturally emphasized the economic aspect, we have also been deeply interested in the psychological and social sides of the question. While results of this nature are less tangible, they are perhaps of even greater significance.

Since most rubber footwear is made by girls and women, it was decided to conduct the experiment with subnormal girls. The first step, naturally, was to secure a suitable group of girls with which to work. It was considered advisable not to transfer from the factory workers who were known to be subnormal—as this might arouse prejudice, and our success depended in part upon the goodwill and coöperation of the factory—but to obtain candidates from outside sources, with the help of the various organizations in the city.

Here we encountered our first difficulty. The state labor law requires that in order to obtain a working certificate at the age of fourteen, a child must pass an examination. Most subnormals cannot pass this examination and therefore cannot be employed in industry until they are sixteen. A clause in the law provides that girls may do housework at home. We found that because of the general labor shortage, subnormal girls of sixteen had no difficulty in finding employment. In one part of the city, they were working in a corset factory, where there are many simple jobs, such as putting in eyelets, lacings, etc. They were also employed in various other factories throughout the city. Figures, so far as obtained, showed that their wages ranged from $10.50 to $23.00. In one case a subnormal girl worked in a wire factory during the summer for $15.00 a week. As she was unable to pass the examination for a working certificate, she went back to school to a teacher earning $12.50. We investigated the case of a shoemaker in our own factory, known to be subnormal. She had the reputation of being a very poor worker, but her earnings were from $20.00 to $23.00 a week. We were told that she would not be tolerated under normal conditions, but since labor was scarce, they had to put up with her.

We had expected to find candidates in the special classes of the public schools, but here again we found difficulty. These classes are largely filled with boys; there are comparatively few girls, and what few there are drop out at fourteen, under the clause of the law that permits them to do housework. As there is no follow-up work, they are lost sight of so far as the school is concerned.

The result of this situation was that the only candidates available for the experiment were those who could not obtain employment, who had tried other industries and failed, or whose personality was such that they could not adjust themselves to normal conditions.

It was finally decided to begin the experiment with such candidates as we could obtain, with the hope that the work would gradually enlarge as it became better known. The class was opened March 29, 1920, with three members of a low-grade type—from six to eight mentally—who could not possibly obtain work elsewhere. It was five weeks before we were able to increase this number. Since, by the end of June, there were only seven members, it was decided to fill up the class during the summer with girls between the ages of fourteen and sixteen from the special classes in the public schools. During July and August, therefore, there was a membership of fourteen. This required a larger room and an assistant. In September the minors had to be dismissed, leaving only six members in the class, but during the month of November, the effects of the labor depression were beginning to be felt and there was a decided increase in candidates, which enabled us to choose those best suited to our purpose and weed out the less desirable members. By this time, too, our work had become established in the community. The various social organizations had had an opportunity to watch its results through individual cases in which they were interested. Incidentally, they have all expressed their belief in the value of the work from a social point of view and their regret that it must be given up, even temporarily.

When the class closed, on December 1, there was a membership of twelve and a waiting list. Twelve was as large a number as could be accommodated at that time. Moreover, the best results, from an experimental point of view, cannot

be obtained from a larger number without increased supervision.

Altogether twenty-three girls have been enrolled in the special class. Because of our difficulty in obtaining candidates, almost every one who was recommended was taken on trial until the last month. A complete case history was made of each girl, including her family background and environment, physical record, and personality. This was supplemented with a work record and a full history of the case as observed in the special class. Every girl was given the Stanford Revision Tests, and also tests with concrete material, supplemented by other tests in visual and auditory memory and motor control.

The individual differences between subnormals are even greater than among normal workers. Each one must be handled as an individual problem. We have had, however, two general types. The first is the imbecile group, from five to seven mentally. These girls could not obtain work under ordinary conditions, but succeeded fairly well in the special class. They were able to perform simple, monotonous jobs, which required almost no skill or mentality. In work of this kind they were able to earn from $8.00 to $10.00 a week at factory piece rates. Since they are generally of the dull, inactive type, they are very little trouble if placed where they are not annoyed by other workers. For this reason, and because the work they do is of the simplest nature, they require little or no supervision when once trained, and become contented, faithful workers. Another, and by no means minor, consideration is the fact that they are thus made self-supporting. Otherwise they must inevitably be a burden on the community.

The more important group is the moron, from eight to eleven mentally. These are girls with limited intelligence, but capable of developing in industrial work that requires only a moderate degree of skill and mentality. They usually do not acquire great speed, in most cases about two-thirds of the standard daily production. Occasionally, however, one of them makes a greater effort, or shows more manual ability, and develops into an excellent worker, a distinct asset to the industry.

An example of this type is Carmella D———, sixteen years old, nine years, eight months mentally. She is the oldest of fourteen children, nine of whom are living, and all of whom are said to be of the moron type. She had tried doing housework, but was discharged for mistaking the dish towel for a handkerchief. The Visiting Nurses' Association recommended her for the special class. They were anxious that she should be employed, as she was going with undesirable companions. From May to September she showed no special ability. Her production was low and her work sometimes poor, but she was always faithful and appeared to enjoy her work. In September, when one of the girls was discharged, Carmella was much impressed. She suddenly realized that there was a possibility of losing her job. Under this stimulus, she began to work as she had never worked before. By this time she had had sufficient training, and the result was most surprising. In a short time she was earning $17.00 to $18.00 a week on joining linings. After about three weeks, she was obliged to change work, and other conditions were unfavorable, so that she fell back noticeably. Later, when given another steady job, she earned $14.00 to $16.00. When the class closed, she was transferred to the factory.

It is chiefly from this moron group that the special class should be built. On the whole, they are the most troublesome type. They need constant supervision, both in their work and in their conduct. A "big stick" is often necessary. They are undoubtedly a menace to the community, but our experience has shown that the best thing that can be done for them is to give them occupation under the right kind of conditions.

When the class was organized, it was suggested that it might be a means of experimenting with various types of handicapped workers. This suggestion has been carried out. We have had two deaf girls, one blind girl, and one psychopathic case. The results obtained were sufficiently good to justify a continuation of the experiment with workers handicapped in these ways. The two deaf girls developed into excellent workers; one of them has been transferred to the factory and the other has been, through our influence, placed in a school for the deaf. We had had the blind girl only four weeks when the class closed and do not feel that this was long

enough to prove very much, but we had found that she was able to do satisfactory work at the job of piping linings, which is largely a matter of feeling. The psychopathic case —a woman of twenty-two with a mentality of eleven, who had frequent seizures of an epileptic nature—showed marked improvement in health and self-control during her first two weeks with us. Then serious family trouble developed which offset the good effects of her work, and she was finally committed to a hospital as insane. We do not consider this case a complete failure, however, in view of the improvement during the first two weeks. Had home conditions been more favorable, we could probably have accomplished much with her.

The selection of work suitable for such a group as ours was, of course, important. The more a job can be subdivided and the more it can be handled by bulk, the better it will be suited to subnormal labor. Jobs that require more than a limited degree of mentality and skill are beyond the capacity of the subnormal. This limit varies, however, with each individual.

The imbecile group could do nothing more difficult than picking the paper from certain parts of the rubber shoe and laying the pieces neatly in rows of twenty-four. As some of the girls were unable to count correctly, they were taught to make rows of six and put four sixes together. As soon as more accurate counting was required, they were a failure. There is a large amount of this picking to be done, however, and they can be made very useful at it.

The moron group could go much farther, but still had their limitations. They worked on what is known as "fitting up jobs." This work consists in preparing the various parts of the rubbers before they are sent to the makers' tables. They were able to do any of these jobs, with the exception of laying and cementing linings, which require too high a degree of skill and too high a standard of workmanship. They can be trained to take pains up to a certain point, but beyond that point they cannot go. They cannot handle a job that has many parts to keep track of or too many steps to be learned.

The amount of individual production varied considerably. The girls were easily influenced by conditions both outside and in the workroom. In order to obtain the best results

from the experiment, we tried to have the physical conditions ideal, so far as possible. We paid special attention to lighting, adjustment of seats, etc. We have also been able to note the effects of unfavorable physical conditions. For example, during the fall, when the room was not heated, production fell off noticeably on chilly days. Each readjustment to a new job or to changed conditions meant a temporary decrease in production. The girls did much better if given one job at which they could work steadily day after day. Monotonous jobs, therefore, are particularly suited to them. They have one advantage over average workers in that the cleanliness or dirtiness of the job is a matter of indifference to them. In setting factory rates for cementing jobs, compensation has to be made for the dirtiness of the work, but this is not necessary with subnormals.

For the first three months we paid a flat rate of $10.00, or about 87 per cent of the factory rate for new employees. But the first members of the class belonged to the imbecile group and were not capable of earning this amount. Moreover, while they were on a flat rate, they were not putting forth their best efforts. Therefore, in July we introduced a sliding scale. The minimum wage was reduced to $8.00, and the amount of production required for this rate was reduced 14 per cent, making it easy for them to exceed the minimum. For the $9.00 rate, the standard was reduced 8 per cent. For the $10.00 rate and above, regular factory piece rates were paid. This served to stimulate production and to reduce the expense of the class. New girls were paid $10.00 for three weeks.

After November 1, 1920, it was decided to pay altogether by piece rate. By this time, the girls who had been in the class had had the benefit of training and practice, and the new workers were of a little higher type. Except for three poor workers, who were dismissed, even the lowest grade members of the class were able to earn $8.00 or more by actual piece rates.

We had begun an investigation of class wages that promised to have a very practical value. Factory piece rates are based on time studies and upon a class wage, which is usually determined by the foreman's opinion of how much a person on that job should earn. The actual requirements of jobs seem to

receive little consideration. We found that the rates were very uneven. Therefore, it was decided to make a special study of this question since we had a specialized group under controlled conditions, which gave us an opportunity to try out different jobs and demonstrate results to a degree not possible in the regular factory. Some data had been accumulated when the class closed, but the investigation was far from complete. It may result in a reclassification of jobs according to the mentality and skill required. Jobs below a certain standard could then be given a lower class wage and left to the workers of a lower type. If such a scheme could be worked out satisfactorily, it would be of value both to the workers and to the factory.

The objectionable characteristics of subnormals are sufficiently obvious, and need no comment. Our experiment showed, however, that they have certain desirable qualities, not often appreciated, but well worth considering. They are very reliable. If given sufficient training in some simple task, they can be depended upon to perform that task indefinitely. In a recent number of *The Atlantic Monthly*, there appeared an article by Carleton H. Parker in which he describes a scene in the Chicago stockyards: "We stood with the superintendent in a room of the canning department. Down both sides of a long table stood twenty immigrant women, most of them visibly middle-aged and mothers. 'Look at that Slovak woman,' said the superintendent. She stood bending slightly forward, her dull eyes staring straight down, her elbow jerking back and forth, her hands jumping in nervous haste to keep up with the gang. These hands made one simple, precise motion each second, thirty-six hundred an hour, and all exactly the same. 'She is one of the best workers we have,' the superintendent was saying. We moved closer, and glanced at her face. Then we saw a strange contrast. The hands were swift, precise, intelligent. The face was stolid, vague, vacant. 'It took a long time to pound the idea into her head,' the superintendent continued, 'but when this grade of woman once absorbs an idea, she holds it. She is too stupid to vary. She seems to have no other thought to distract her. She is as sure as a machine. For much of our work, this woman is the kind we want. Her mind is all on the table.' "

This is an excellent picture of a certain type of subnormal. As this superintendent said, "it takes a long time to pound the idea into their heads," but for certain lines of industry it is worth while. Because of their lack of mentality, they are perfectly satisfied with a simple, monotonous job, and therefore much more apt to remain permanently than workers with more active minds. They realize vaguely that they do not fit in ordinary positions. When placed under some one who understands them, and who gives them the extra attention and encouragement that they need, their personal loyalty is very great. Under the right conditions, subnormals will become the most reliable of workers, sticking to their jobs indefinitely, with not a thought of change.

These facts are significant in the light of turnover and absenteeism, two items that loom large in all industrial cost accounting. Undoubtedly the instability of a large per cent of the workers does much to increase the cost of production in all lines of manufacture. It is, therefore, interesting to compare the record of subnormals in this respect with that of the average worker.

The special-class turnover cannot be fairly estimated in figures because we have not exercised the same selection in our group as in the employment office. We have been obliged to handle the down-and-outs. They come to us only because they have little chance of success elsewhere. Many of them are taken only on trial. Therefore, it is to be expected that we have had some turnover that could have been avoided by other methods.

Turnover of Special Class

Admitted to Special Class

Very low grade or failures elsewhere	8
Physically handicapped (blindness, deafness, etc.)	3
Might have been hired elsewhere	3
Under age—hired for summer	7
Taken for observation:	
Psychopathic case	1
Civic protective case	1
Total	23

Left Special Class

Under age—hired for summer	7
Voluntarily	2
Committed to institutions	1
Physical condition	1
Sent to school for deaf	1
Discharged:	
Insubordination	1
Poor work	3
Total	16

Returned to Special Class Later

Reached age of sixteen	1
Passed examination for working certificate on third trial	2
Unsuccessful elsewhere	2
Total	5

As is indicated in this table, the majority of those enrolled had been discharged from other places or were unable to secure employment, even when there was the greatest demand for labor. Of the girls employed for the summer, another became sixteen in December and would have returned had the class continued. The other three begged to remain, but could not be permitted to do so under the present law. They are staying at home until such time as they may be allowed to return. Only two left of their own accord, and both returned after trying other work. Every one who has left or been discharged has expressed a desire to return.

The absenteeism in the special class was astonishingly small. For a period of eight months it was only .36 of 1 per cent. The factory in which the experiment was conducted averages about 5 per cent. This again illustrates the faithfulness and reliability of subnormal workers.

We were much pleased with the way in which the experiment was received by the factory employees. From the first, their attitude was one of friendly interest, which increased as time went on. From every department we received the heartiest coöperation. The forewomen, and also the workers, were put to a good deal of inconveniece at times, but they were always most considerate. They often expressed the feeling that they were glad to see these people have a chance.

At first it was thought inadvisable to take workers from the factory, but later a number of girls were transferred and there was no difficulty. It is now understood that when a new worker fails to make good, she is to be tried in the special class before being dismissed.

One of the most gratifying results has been the happy, contented spirit of all the girls, and their loyalty to the class. It provided what they most needed—occupation suited to their capacity, direction, supervision, and companionship. Some of these girls had been giving much trouble outside. When provided with suitable employment, they no longer found time to get into mischief. This improvement in the individual girls has frequently been commented on by nurses, social workers, and other people who are interested in them. It has done more than anything else to convince the public of the value of the experiment, and has been a distinct service to the community, but one that cannot be measured in dollars and cents.

Even the dullest girls waked up and accomplished more than any one had expected of them. Pamela T————, for example, is a girl who came to work for the summer. Her chronological age was fifteen years and nine months, her mental age, six years. She is noticeably subnormal in appearance. Her face is expressionless, and she carries herself badly. She has a serious eye trouble which cannot be helped by glasses. Her disposition is sullen and excitable. She is very sensitive and appears to be most unhappy, probably because she has had a very hard life. According to the school report, she has "no power of concentration, very little ability, and requires much coaxing." Altogether, she appeared to be as hopeless a case as had come to the class. When she began picking heel lifts, she laid them very badly, but improved in the course of a week. To our surprise, she turned out to be a very good worker on the simple jobs. The heel lifts could not have been done better, and she gradually increased in speed. By the end of the summer, she was averaging about $9.00 a week. She was also able to do other picking jobs requiring a little more skill. She could probably have been trained to do some of the other simple jobs. She had to be dismissed at the end of the summer, but in November she became six-

teen. She then secured a permanent working certificate, and was in the class about a week before it closed. The work that she can do is necessary and must be done by some one. She is just the type to do it. Whatever she does is well done. After her training in this class, she could be transferred to the factory and would probably make good, if not annoyed by other workers.

Only two of the girls were failures. They were lazy and indifferent workers, showing little possibility of development, and were a hindrance to the others. After a reasonable trial they were discharged, with good results to the rest of the class.

It is unfortunate that the work had to be given up when it was but just organized. We hope, however, to start again as soon as the business situation changes. There are interesting and untried possibilities in work with subnormal boys. In interviewing the social agencies, we were told that they could recommend plenty of boys, and that they needed supervised employment even more than did the girls. But it was, of course, inadvisable to have a mixed class, and in the rubber industry there are fewer jobs suitable for boys, and they are jobs that cannot be separated, but must be carried on in the regular factory. Therefore, we have as yet done nothing along this line.

Some points with regard to the management of subnormals that were brought out in our special class may be of use in other lines of industry and serve to decrease the dissatisfaction of the workers as a whole, since subnormals, if improperly managed, are a constant source of friction.

Whenever possible, the training of subnormals should be carried on away from other workers. Supervision and discipline, which are the chief problems of the special class, are made much easier in a separate workroom. Then, too, it is inevitable that workers of this type will be made fun of and annoyed in various ways, if allowed to mingle with other employees. This is bad both for them and for the factory. This difficulty is almost completely avoided by a separate location.

It goes without saying that subnormal workers require a longer period of training and much more patience in teach-

ing. They are apt to be careless in their work, and a good deal of effort is necessary to establish correct habits with each new job. They get into all sorts of difficulties that a normal worker would avoid. They are not capable of planning their work or of keeping track of it until after long training. In fact, some of them never reach that stage. But in most cases, if given the right kind of job and proper training, they gradually acquire correct habits of work and develop into very good workers. Left to themselves they inevitably fail. We have had a number of girls who had been shifting jobs constantly, but who remained in the special class as long as it continued.

The supervisor should be a person of infinite patience and tact. He should understand the limitations of the type with which he is dealing and not expect results beyond their capacity or lose his temper with them. In most cases when they offend, it is quite unintentionally, and often because the director himself has failed in his method of management. One principle that should always be borne in mind is that subnormals should not be constantly made aware of their lack of mentality. Such words as "stupid," "fool," etc., should never be used under any circumstances. Most of them have heard these terms all their lives. If one wishes to draw out what little ability they possess, one must never make them feel that they are different or less capable than other workers.

In order to achieve the best results, it is necessary to make use of every possible incentive. Each case must be dealt with individually. Some workers need to be treated with severity, in order to bring out their best efforts, but with the majority, frequent praise and encouragement are far more effective. For this reason the supervisor should go out of his way to give encouragement. When work must be criticized, the worker should not be made to feel that it is altogether wrong. Something good about it can usually be found—"You have done this part well, but——" Most of these people have been found fault with constantly and are easily discouraged. It is poor psychology to discourage them any further. So long as they do the best they can, as they do in most cases, they deserve a certain amount of credit.

Rivalry with other workers of the same type is often useful.

They are also interested in simple charts or other devices which show their progress. The method of arranging their work is worth considering. Production figures, or even wage figures, mean little to them, but a pile of work upon their table is real and concrete. It is a good plan to determine about what they should do and place the whole pile of work before them, saying that it must be done by the end of the day or perhaps by the end of the morning. They will then work industriously to finish the pile. They like to finish something, and are quite as well satisfied with a small pile as with a large one. The amount can gradually be increased. The special class demonstrated that subnormals differ from normal workers in that pecuniary reward is not a sufficient incentive for them. The pay envelope, generally speaking, does not mean as much to them as it does to other workers. This is probably because they do not assume the responsibility of their own support. They are pleased with more money, but not disturbed if they receive less.

The example of one of their own number has great influence. If by any means one member of the class can be made to increase her production, the others are immediately interested and an improvement in the whole class will result. Unfortunately the reverse is also true.

Since subnormals lack responsibility and are easily influenced, strict discipline is more necessary with them than with other workers. It is also necessary to have some one constantly in the room. There are always one or two workers who are inclined to make trouble. The best way to avoid difficulty is not to allow any opportunity for it to arise. Whenever any occasion for discipline arises, the method of dealing with it should be prompt and effective. Since one cannot appeal to reason, with these workers, to any great extent, the less said, in the way of discipline, the better.

Fear of losing their job is perhaps the most important stimulus that can be brought to bear upon them. They all like their work, and dread the thought of leaving. Dismissal, of course, is to be avoided if possible, and never resorted to without adequate reason. When it becomes necessary, however, it should be done in a manner which will make it effective. One of the most significant results of our experi-

ment was the psychological effect of the discharge of one of the girls. This girl refused to obey the assistant, was impudent, etc. Her prompt dismissal was felt to be just by all the other workers. Had any less drastic measure been used, the effect would have been undesirable. The result was an astonishing increase in production. The two best workers gained nearly 100 per cent, and the lower grade workers 30 per cent. This increase was sustained for about three weeks and then fell off somewhat, because the work had to be changed and other conditions were unfavorable. Later, when favorable conditions were restored, almost the same standard of production was reached.

This raises the question as to whether production is not closely allied with discipline. In the special class we have demonstrated that there is a very close connection. We know that subnormals are employed in many industries, particularly in those requiring less skilled labor. It is quite possible that if stricter discipline were enforced, and some of the special class methods introduced, production might be generally increased. The special class has shown that with workers of this type the enforcement of discipline does not lead to discontent. On the contrary, they are more contented. A wholesome respect for authority is always desirable, and if they are made to feel this, it will not be necessary to keep discipline constantly in the foreground.

Our experiment has shown that improvement of state legislation in regard to subnormals is urgently needed. A few states already have excellent laws, but the majority are far behind the times. We have already spoken of the labor law of the state in which this experiment was conducted, which requires an examination in fractions for all children under sixteen before the granting of a working certificate. This or any other legislation that tends to raise the school requirements for normal children is highly desirable. The result is, however, that the bright child, who would benefit by remaining in school, can easily pass the examination and go to work. The subnormal, on the other hand, by the age of fourteen has reached the limit of his mental capacity and gained all that the school has to offer him. If he remains in school, he is simply a burden or a nuisance. Frequently, however, he

drifts out. The girls usually remain at home, under the clause in the law that permits them to do housework. Very often they spend much time on the streets and are a constant source of trouble. It would undoubtedly be much better for them to be suitably employed. Under present conditions, these two impressionable years are often worse than lost.

The effect of the present law may be illustrated by the case of Angelina D———. She is a very attractive girl, with no suggestion of the subnormal in appearance, although she is a little less than eight years mentally. She is very polite in her manner, and very likeable. For this reason, with her immoral tendencies, she is the most dangerous type of subnormal girl.

The special-class teacher, the Visiting Nurses, and social workers all urged us to employ this girl, because she was staying out at night and causing trouble. They felt that suitable employment was what she most needed. Her school age was given as fifteen, but we found that this was incorrect. Her real age was thirteen years and eleven months. This meant that we could not employ her, even in vacation, until she had passed her fourteenth birthday, on August sixteenth. In the meantime, it was said that she was behaving badly. One night she climbed out of the window and ran away. The method of treatment employed by the family was continual beating. Her mother pulled her hair and hit her across the face. Her brother beat her almost to insensibility every night. Naturally this did no good.

On August sixteenth, she arrived bright and early and remained at work until school opened. During the two weeks she was with us she worked well and was absolutely no trouble. We also received excellent accounts of her from home. Apparently she had turned over a new leaf. She stayed at home nights and was no longer a source of worry to the family. Her parents were delighted and could not say enough in praise of the class. They begged us to keep her, but the law would not permit us to do so. Much as we regretted it, she had to be dismissed.

She went back to school, with the hope of learning fractions, so that she might obtain a working certificate. We soon heard that she was becoming troublesome again. In Novem-

ber came the news that she was married to a man of twenty-eight. At first she appeared with jewelry and new clothes, but her husband had no work, and these were soon pawned. She has since hardly had enough to eat and is very unhappy. The moral of this tale appears to be that in order to go to work one must pass an examination in fractions, but that one need not know anything at all to be married.

This girl is but one of many who are in need of occupation. There is an even larger number of boys in the same situation. Nothing could be worse for them than to remain idle. The indirect effect upon the community is far more serious than is generally realized. Some states have a clause in the law by which subnormals may be permitted to secure a working certificate without passing an examination. Such a certificate is not granted except upon the signature of the school supervisor or other competent authority. In some states a psychological examination is first given; in others, a "vocational probation" is granted through the court. It is necessary to safeguard such a provision very closely or it will be misused. On the other hand, it is a grave injustice not to make some provision for children of this type. The present tendency is to raise the working age from sixteen to eighteen, in order to give children more education. Unless some special legislation is introduced, this will make the situation still more difficult for subnormals.

We have often wished that there might be closer coöperation between the schools and the industries. We would have been glad to make our experiment a vocational continuation class for the special class of the public schools, but under existing circumstances this could not be brought about. It is an object worth working for, however. It is to be hoped that the time will come when education and industry will work more closely together, along many lines, to their mutual benefit.

Dr. Pearce Bailey[1] describes a moron as "one capable of earning a living under favorable circumstances, but incapable of competing on equal terms with his normal fellows." He

[1] See *Mental Deficiency; Its Frequency and Characteristics in the United States as Determined by the Examination of Recruits*, by Pearce Bailey. MENTAL HYGIENE, Vol. IV, pp. 564-596, July, 1920.

goes on to say, "It is now generally known that the effectiveness of a mental defective depends less, within certain limits, upon the grade of mental defect than upon the habits of *doing* that he has acquired. An individual with a mental age of eight years who has definitely acquired habits of industry, obedience, and regularity is a far more useful member of society than a high-grade moron who has never acquired such habits. It is the quality of training that has been given, rather than the intellectual level, that concerns the employer of this variety of labor, whether such employer be a recruiting officer or some other."

Training is, indeed, the key to the situation. A large proportion of border-line cases will never be cared for in institutions. Their training should begin in the special classes of the public schools. From there the natural step should be directly into some form of occupation, under the guidance of the after-care worker. Agriculture, domestic service, and simple routine factory work are the types of occupation best suited to them. Industrial work, without training or supervision, will not produce satisfactory results. If the industry is unwilling to assume the expense of training such a group of workers, it would be well worth while for the state to pay the salary of a director, as is often done in Americanization classes, leaving the industry to provide the work and the overhead.

There is no more practical or less expensive method of providing for the large numbers of defectives who must remain in the community. We know that they are incapable of assuming responsibility. They are children who will never grow up. The majority of them are not vicious. They are potential criminals only because they are easily influenced and the victims of environment. The responsibility is ours. We must not allow them to drift into idleness and crime. By providing proper supervision and occupation, we may be able to render them self-supporting, useful members of the community. Therefore we offer such incomplete data as we have collected, with the hope that industrial classes such as we have described, but more completely and efficiently developed, may have a place in the constructive program of the future.

VOCATIONAL PROBATION FOR SUB-NORMAL YOUTH

ARNOLD GESELL, PH.D., M.D.
Professor of Child Hygiene, Yale University

NOT many years ago institutional segregation was regarded as *the* solution for the problem of feebleminded-ness. In discussions of the subject it was gratuitously assumed that a feebleminded person is one who really ought to be in an institution. We are gradually coming to a more reasonable and a more humane point of view. The excessive expense of wholesale segregation has had a deterrent effect; so has the potential economic value of the high-grade defective. The instinctive affection of the brothers, sisters, and parents of the feebleminded has also resisted undue institutional segregation.

Accumulating evidence that the moron, and even the high-grade imbecile, do not completely fail in ordinary life under favorable conditions has suggested the possibility of creating these conditions outside of institutions. The notable work of Dr. Charles Bernstein in providing extra-institutional supervision for feebleminded young men and women on parole has taken the subject out of the field of mere speculation. The concrete and positive results of the experiment in which Miss E. B. Bigelow definitely determined the possibilities of a group of subnormal girls in factory work have added a new and very significant piece of evidence in favor of non-institutional community control of certain mental defectives.

The writer has been able to follow from its inception the details of this interesting experiment described in the foregoing article by Miss Bigelow.[1] The unique significance of the enterprise, from a sociological standpoint, was that it dealt with a group of subnormal girls who never had been committed to an institution and who were not even on a parole basis. For the most part these girls had but recently

[1] See page 302 of this issue.

been in public school. Miss Bigelow came to the problem with five years of experience in special-class work in Boston, and she virtually adapted the methods and the principles of the special class to industrial conditions and demonstrated that subnormal youths can be given special training and productive employment in factory work. Just as the special class has proved that by a differential type of treatment it is possible to maintain defectives in a public school, so it is now clear that by a similar approach we can solve the problem of community control of wage-earning defectives.

Industry can undoubtedly afford to make certain internal adjustments in behalf of subnormal employees. If these adjustments by industry and by individual employers are supplemented by voluntary and official coöperation on the part of family, community, and state, it will be possible to keep an increasing number of defective youths at home. It is not necessary to send such youths to an institution for training and then to parole them. Commitment to an institution can be replaced by a consistent policy of supervision—of constructive probation.

How can such a policy be developed? We must not place our reliance on altogether novel and purely clever devices, but build securely upon experience by extending the scope of established law and of existing agencies.

First of all we have the tradition and the law of compulsory education. By historical sanction and actual administrative relations, our elementary school system constitutes our largest public-welfare agency. The great majority of mentally subnormal youth are either attending elementary school or have recently done so. We may, if we choose, use the term elementary school system in its most liberal sense to include private as well as tax-supported schools in so far as the former come legally within the scope of such public supervision as relates to physical and mental health.

This situation has made possible the remarkable growth of the special-class movement, which is resulting in special provisions for all types of handicapped school children except those who are altogether uneducable or unmanageable. The impetus behind the movement will extend equivalent special provisions to exceptional school children in rural and village

communities. No one has ventured to advocate systematic exclusion of defectives from our public schools. Such a policy would lead nowhere, and is really in conflict with the spirit of the common schools.

Out of the principle of compulsory education has grown a vast body of law and administration relating to school attendance, school registers, medical inspection, vocational training and guidance, child labor, and certification of youthful candidates for employment.

Put in unqualified terms, the presumption in the typical American commonwealth is: (1) that every child has the right and the obligation to attend school, and (2) that the state shall determine whether he is ready for employment.

This fundamental relation of the state to children affects in a peculiar manner the subnormal pupil, who cannot profit by ordinary instruction and who cannot compete on equal terms with his fellows when he becomes of working age. This exceptional status of the subnormal creates an almost paradoxical situation. The school cannot exclude the moron on the one hand, and it cannot graduate him on the other. The only solution is a modification of law and practice that will safeguard the subnormal when he leaves school.

An opportunity for formulating a workable, legal solution of the problem presented itself in the work of the Connecticut Commission on Child Welfare. This commission was appointed by the governor in June, 1919, and was instructed by law "to embody in its report a proposed code of laws which shall include a revision of the provisions of the general statutes relating to children, with such changes and additions as it may deem advisable." The state of Connecticut appropriated a liberal sum of over $22,000 for the expenses of the commission, who have just reported a Children's Code which gives special consideration to the problem of the subnormal.[1]

A supervisory state bureau of child welfare, a division of special education and standards as a department of the state

[1] See *Report of the Commission on Child Welfare to the Governor*, in two volumes, published by the state, Hartford, 1921. In Volume II, see report on *Handicapped Children in Court and School*, by Dr. Arnold Gesell, Chairman of Committee on Defectives.

board of education to guide and encourage provisions for all types of exceptional school children, and a state-wide system of juvenile courts with well-trained probation officers constitute the main administrative proposals. These agencies articulate and are designed to strengthen rather than to supplant existing agencies, to define and extend the responsibilities of local agencies, and to coöperate with them in making their present work more effective. It is unnecessary to summarize the details; we shall simply quote the provisions which bear on the subject in hand—namely, the community control and supervision of mentally defective youth:

"Any agent of the Bureau of Child Welfare or any representative of a child-caring institution or agency licensed by the Bureau of Child Welfare, or any reputable citizen may petition the judge of the Children's Court to establish supervision over or to commit to an institution any defective child or defective young person legally resident in the district of said court, who, in the uncorrupt judgment of the petitioner, is in need of protection and care for his own and for the public welfare. The petition shall set forth the facts necessary to bring such defective person within the purview of this act; whereupon the judge shall, after investigation, if he deems the petition sufficient, order a hearing in chambers on the case, giving due notice of such hearing to persons interested in the petition, if there be any."

This right of petition, carefully safeguarded by the law, leaves the initiation of procedure in behalf of the mental defective to either official or non-official persons and agencies. The implication is that mental deficiency is not to be concealed as a stigma, but treated with the same frank vigilance as disease or delinquency. The proposed juvenile court is regarded as a court of social adjustment, supervision, and active prevention with respect to child-welfare problems in general, and its jurisdiction is accordingly extended to mental defectives.

This is altogether logical, even if not usual. The juvenile court, like the public school, must adapt itself to the needs of all children who constitute potential social problems. Court and school alike are local institutions of and for the people; both are child-welfare agencies and it is their business wherever possible to reduce or to forestall the necessity of state institutional treatment.

The only way to meet this situation is to empower the juvenile court to establish a status of probation for all

juveniles who need it, whether they be delinquent, potentially delinquent, or simply defective. In the case of the mentally defective, the probation should be put on a vocational basis and should represent an effort to keep the subnormal individual safely at some gainful employment in his own community, in lieu of commitment to an institution.

The application of this idea in the Children's Code of Connecticut is embodied in the following provisions relating to the *status of vocational probation:*

"The judge of the juvenile court may, on the basis of evidence presented in accordance with provisions hereinafter specified, declare in behalf of any defective child or young person the status of vocational probation. This status shall not be declared when it is both expedient and desirable that the child or young person adjudged defective be committed to an institution. The court may, however, at its discretion, establish the status of vocational probation in lieu of commitment to an institution when the child or person in question belongs to one or more of the following classes and is legally resident in the district over which the court exercises jurisdiction:

(a) Any child over 16 years of age or any young person who is adjudged to be defective, but who is physically able to undertake, under reasonable non-institutional supervision, some useful or gainful occupation in his home or within the corporate limits of the district of the court.

(b) Any child over 16 years of age who has been declared dependent or neglected, but who, by reason of mental defect, needs special supervision if he is not committed to a public institution.

(c) Any child who is over 14 years of age, who has been adjudged mentally defective, who on the testimony of a reputable physician is of sound and competent physique, and who on the petition of his parent or guardian and of the principal or superintendent of the school which he attends is recommended for part- or full-time employment at some useful occupation.

"The petition shall be made on a form prescribed by the Division of Special Education and Standards of the State Board of Education and shall satisfy the judge that the child is actually defective and that his employment will be more favorable to his welfare than continuance in public or private school.

"The court shall keep a register of children and young persons for whom the status of vocational probation has been established. Such child or young person shall be legally known as a vocational registrant or probationer. He shall be entitled to a certificate issued by the court which affirms this status, and describes the protection which the law aims to confer upon him.

"It shall be the duty of the probation officer attached to the court which has established the status of vocational probation to exercise a general supervision over each such vocational probationer in his district, to aid the probationer to secure suitable employment, to confer with his employer, his parents, or guardians to the end that said probationer shall not be committed to a state institution, but remain if possible with safety in his community. To this end the probation officer may confer with other public officials and representatives of local agencies, and he may delegate to such representatives powers of oversight and guidance.

"He may also act as temporary conservator over the wages of said probationer on the order of the court. The probation officer shall report quarterly to the court on a form prescribed by the Bureau of Child Welfare concerning all such vocational probationers under his supervision, and whenever the report so justifies, the court may hold a hearing to determine whether the probation of said child or young person shall be continued or whether he shall be committed to an institution or to some other agency for custody or guardianship."

This is the proposed law. We present it because it represents an effort to formulate a civic policy with reference to the most neglected phase in the care of the feebleminded. We realize that a law, even if adopted, bakes us no bread. A status of vocational probation for subnormal youth is not self-operative. It involves a system of safeguards; it assumes devoted probation officers, coöperative adjustments on the part of court and school officials, and a new understanding on the part of employers, foremen and forewomen and social workers; it may mean personal and environmental rearrangements within selected industries to meet the need of subnormal workers.

We appreciate that all of these requirements cannot be suddenly created even by an enlarged system of juvenile probation. We believe, however, that it is sound policy to unite the functions of moral and vocational probation and to coördinate them with the school system on the one hand and a juvenile court on the other. We cannot expect a probation officer to accomplish a superhuman amount of guardianship, but administratively his office may be used as the legal pivot for the organization of community supervision of manageable defectives and delinquents. Unquestionably the whole tendency of welfare work is now away from institutional segregation toward local community control.

OBSERVATIONS ON MALADJUSTED CHILDREN *

LEONARD BLUMGART, M.D.
New York City

IN tracing the development of medicine, one can see that those diseases which produced marked organic changes were the first to be intensively studied and understood. This was true in every field and has been well exemplified in that of psychiatry. Those mental diseases which showed structural changes, such as the psychoses due to syphilis, alcohol, and so forth, and those conditions in which actual structural defects can be demonstrated, such as the extreme degrees of feeblemindedness, were further studied, better understood, and therefore better treated. Compared to the functional neuroses, they are, after all, definite conditions. In recent years, however, such illnesses as apparently have no organic basis, but are the result of functional derangements, have begun to receive intensive investigation. The whole field of the ductless-gland disturbances, diseases of metabolism, such as diabetes, and especially the functional nervous diseases, such as the psychoneuroses, have been the conditions studied.

Naturally there was a shift in the attitude of approach and the method of inquiry. Organic medicine has long and hopelessly striven to fasten an organic basis on many diseases which are now thought to be the result of poor function rather than of changed structure. Instead of studying the disease by its end result in the changed structure of an organ after death, it became necessary to study the disease through its reflection in the behavior of the individual, or by means of its changed secretions or excretions.

If this were so, one would of necessity be forced to observe closely and patiently the complicated and often perverse function in order to discover its purpose, and then reëducate that function so that it could discharge its duty and satisfy the individual. This was especially true of those conditions

* Report on Work of Children's Clinic, 1917-18, Department of Psychiatry, Cornell Medical School.

which did not have a fatal termination, or where death came only after years of disease.

In psychiatry this trend in modern science brought into the center of attention all mental diseases in which at autopsy no brain changes could be demonstrated. Hypothetical intoxications, equally hypothetical constitutional diatheses, and bad heredity were discarded as causes for these diseases. The investigator, with open mind, viewed the suffering human being and asked himself: "Why does or must *this* human being use *this* particular mechanism in order to live? What forces, both in and outside of himself, is he attempting to handle? Have we proved that certain organic changes are at the bottom of this case, or have we here a bad coördination, which, if analysed so as to make clear to ourselves and to the patient what the organism is trying to accomplish, we can help him to replace by a new mechanism?"

In the last twenty years the functional nervous diseases have been studied from this new viewpoint, which might be called the dynamic one. It was soon discovered that the methods that were capable of profoundly modifying and even curing organic conditions had at best only a palliative effect on the functional conditions. Rest cures gave relief, but when the patient took up his life again, he began to use the same old mechanisms that had brought him to his retreat. Operations were performed that either patched or removed, but often with no result; baths, electricity, drugs, food—all stimulated or supplied energy, but still the mal-function went on. Soon it was obvious that the treatment that was necessary was one that aimed at understanding and modifying functions rather than structure. The bearing of all this is clear when one considers that the main aim of the treatment in the organic psychoses is to effect a structural change, while in the others it should be directed to establishing efficient functional habits.

As illustrations of these two groups, the individual suffering from paresis is a representative of the organic structural change, while the neurotic child belongs to the group of the functional derangements. Naturally no patient is ever entirely in the one or the other group, but must be viewed as belonging to one or the other to guide the main therapeutic effort.

The paretic patient with demonstrable organic change received a disproportionately large amount of attention, largely because his manifestations and the means and standards by which these could be investigated were capable of practically accurate measurement. The problem that then presented itself was comparatively simple, since a more or less definite entity could be dealt with. The neurotic child, on the other hand, has been, and to a very large extent is, a less tangible entity. The manifestations of its disorder are less marked by a lack of certain common qualities than by the improper functioning of apparently normal ones.

Society's lack of knowledge, therefore, led to a practical handling of the problem on a basis that was less scientific and more empirical. The child was labeled sullen, insubordinate, truant, and the manifestation was then treated in such a way as to make it least harmful to the community, irrespective of the result to the child. This tendency is still too much in evidence in our attitude toward those individuals, such as "recidivists," whose minds increasing investigation proves to be diseased. Society still reacts to the symptoms of a diseased mind, which many psychiatrists consider crime to be, and punishes the individual by sending him to prison. There is, fortunately, a strong movement in the direction of studying the individual as a whole and basing the disposition of the case on that, a movement that owes much to psychiatry.

As long as there are diseases with no structural changes in the brain, the organ that we premise to be for the integration of the highest psychic levels, we ought not to attempt to treat individuals by methods derived from the treatment of structural defects. In any other field of human activity in which the organic normality of the individual can be assumed to be proved by present-day standards, we do not use structural methods of modifying behavior, but rather dynamic ones. For instance, we naturally use what is called training, in teaching sports. The athlete's structure is not modified by operations, injections, and so forth. Why, then, use methods that modify structure in attempting to cure the neurotic child or adult, when structure, so far as we know at present, is normal and training methods are naturally indicated? It seems, therefore, that the problem of the maladjusted child,

whose bodily structure cannot entirely explain the reason for its behavior, should be studied and treated from the viewpoint of training.

The conviction that more understanding of the problem was necessary had forced itself upon those who were in contact with the difficult child—those who knew by experience the bad results obtained by the methods in vogue. Knowledge gained from the study of the functional nervous diseases in adults has had an illuminating effect on the problems of education. It was observed that the early history of many individuals suffering from functional nervous disorders revealed that they in their time had been difficult, nervous children—the pupil who persistently played truant, lied, and stole, the child of bad habits, fears, and so forth; furthermore, the symptoms observed in adults were very often but the exaggerated behavior of the child. Such acts as skipping every other flagstone or stepping on every other crack in the sidewalk, or certain ceremonials on seeing redheads or white horses, are but the childish prototypes of the disease known as a compulsion neurosis. Fear of the dark or of cats, dogs, or strangers is the simple form of the same mechanism that later *may* become a phobia or morbid fear. If, therefore, the neurotic individual was to be healed at a stage where his modifiability was at its greatest and presented the greatest hope of a result, beneficial alike to himself and society, it should be done in childhood. One can easily see, therefore, the logical necessity for, and the welcoming approach to, a common ground of interest for pedagogue and psychiatrist.

In September, 1917, I undertook, at the Cornell Medical College Psychiatric Clinic, the examination of maladjusted children presenting problems of behavior either at home or at school which the parents or the social agencies supervising or having control of the children felt were beyond their understanding. The need for special work with this group of children had long been felt by the State Charities Aid Association of New York, especially in its Mental Hygiene Committee, and by the visiting teachers of the Public Education Association of New York.

It was thought best to conduct the examinations upon the principle that a few cases, thoroughly studied, would yield the

best results, both for the children and for those interested in them. It was, therefore, decided to see only two new cases at each clinic day.

The plan was to have the cases brought to the clinic by the visiting teachers and social workers. They were to be children who presented some problem in social maladjustment. Cases in which the physical element was the main factor were referred to other departments of the clinic, but the child was retained by the clinic if this was only a contributing factor. In addition to these, cases were received from high schools and from the Placing-out Department of the State Charities Aid Association of New York.

A complete history of each child was required at its first appearance at the clinic. This history was obtained either by the social worker of the State Charities Aid Association or by the visiting teacher who brought the child. It was obtained by following a form that had been adapted from the one used by Dr. Healy[1]. The examination of the child was roughly divided into three parts—a psychiatric, a psychological, and a physical investigation. The psychiatric and in many cases the physical examination was carried out by the attending physician of the clinic. A personal interview of extended length was given the child, during which an attempt was made to gain his confidence by seeing the problem from his point of view. The intelligence tests were given by Miss Jessie Taft, the social-service director of the clinic. In cases where the physical examination demanded more expert attention, the case was referred to the appropriate department of the Cornell Dispensary. For the kindly coöperation of the physicians in other departments we wish at this place to make our acknowledgment and to express our thanks.

Parents were encouraged to come to the clinic to have the child's reactions explained and to afford to the clinic a better understanding of the home background. In some cases this visit by the parents was insisted upon as one of the therapeutic measures. The visiting teachers or social workers were given detailed explanations of the psychopathological mechanisms involved as a basis for their supervision and

[1] *The Individual Delinquent*, by William Healy. Boston: Little, Brown and Company, 1917. p. 48.

handling of the case. Tics, for instance, which are so annoying to parents and teachers, were explained as "spasmodic movements having a more or less purposive character." This disorder is definitely due to a weakening of nervous control and is most naturally explained as a dramatization of an instinctive tendency called into action by a shock or strain.

Thus the "eye tic" by which the child blinks or winks may be regarded as a symbol or dramatization of some protective tendency called into action by danger. The blinking is, therefore, an attempt not to see that which is irritating, painful, or dangerous. The form of the tic is that natural to an instinctive movement, but it depends for its activation essentially on a weakening of the normal nervous control. This latter is often brought about by malnutrition or illness, or it may be a congenital weakness.

Social agencies, such as trade schools, settlement houses, religious schools, gymnasia, volunteer workers, Big Brothers and Big Sisters, were freely used in the reëducation of the child, but chief dependence was placed upon the visiting teacher or person in charge.

A series of monthly conferences was held at the rooms of the Public Education Association, at which each worker made a report of all the cases under her care. Each case was then discussed as to the problems presented, the psychopathology, and the further treatment necessary.

Cases presenting special problems of great difficulty which forced the school to dismiss the child, or in which the home environment was particularly bad, were sent to Hartley House Farm at Towaco, New Jersey, under the supervision of Miss M. Moore, who is a graduate of Hunter College and has had considerable experience in experimental schools, and who has in addition the remarkable gift of a patient, constant, and friendly attitude, which does not change under the children's changing conduct. This trait in Miss Moore was used as a therapeutic agent which helped produce remarkable results in the children.

These were cases which, from the detailed study at the clinic and the history of the case, seemed to offer the possibility of being modified, not simply by a change of environment, but by the kind of understanding combined with a pedagogic training that Miss Moore possessed.

At this farm school the children were to be allowed as much liberty as was possible. There were to be few restraints and fewer punishments. As far as possible the children were to be taught by having the consequences of their acts brought to their attention rather than by being preached to before the act, or being prevented from performing an unsocial act. Each case was to receive individual attention. To this end and by reason of the limitations of space, the number of the children at the farm at any one time was limited to nine.

The country school which adjoined the farm was freely made use of for those children who had come from schools. The children's fear of incarceration was dispelled; they were told that they could return home whenever they pleased, that their stay at the farm was not an act of compulsion. If, however, they went home, it was with the understanding that they could not come back.

Each child had to care for its own bed and its own belongings. All assisted in the setting of the table, the serving of the food, the removal of the dishes to the kitchen, and the cleaning up of the dining room after the meal. Activities involving a certain degree of danger, such as climbing trees or fences, swinging very high, and so forth, were not prohibited. The usual squabbles and fisticuffs indulged in not only between the boys, but between the girls and the boys, were not stopped; but such incidents were taken up with the children only when the conflict did not in itself result in the adjustment of the relations between the children.

Long walks were taken into the woods and visits to the neighboring town were frequently made. As spring approached, garden plots were laid out. Each child was given one and encouraged by money prizes to keep its garden weeded and to cultivate the flowers and vegetables sown. It may be noted here that the money prizes—twenty-five cents a week—which the children were at liberty to spend in the neighboring village for whatever they chose to buy proved of little value as an incentive to gardening. The children were allowed and encouraged to perform manual tasks, such as chores about the farm and the small repairs to wood and stone fences, and so forth, that a farm continually needs.

With the advent of summer, Hartley House established its

camp, and the crucial test in the adjustment of the boys to the normal city boys was then made by including the boys of our group in the regular camp group. This proved a very successful experiment, especially in the case of one boy who adjusted himself extremely well; in fact, he became a leader and a prime favorite with the camp leader and the boys.

Toward the end of August, it became necessary to place the girls in charge of a new supervisor, whose control of them and of herself was inadequate. A regression in their conduct took place, based no doubt upon the fact that the children realized that the person in charge had no real understanding of them, but attempted to exercise control by rigid standards and arbitrary discipline. The result was almost disastrous. The girls became incorrigible, disobedient, and the careful work of months seemed undone. As soon as Miss Moore returned, the children responded to her by becoming apparently normal individuals. This shows to what extent the neurotic child is so, not only by reason of its own make-up, but also as a reaction to an environment that is faulty. Further observation of the children for one year upon their return to their homes proved further that this regression was in large part a reaction to the person in charge. The house report in each case shows the child's conduct in September, 1919, to be a considerable improvement over the conduct in January, 1918.

The statistics that follow are taken from the records of 44 children, who were brought to the clinic between December 1, 1917, and July 1, 1918—a period of seven months.

The children varied in age from six to eighteen years, the greatest number—25, or 56.84 per cent—being from nine to thirteen years old; 10, or 22.70 per cent, were fourteen to eighteen years of age, and 9, or 20.45 per cent, were from six to eight years old. The intelligence quotients, by the Terman modification of the Binet-Simon test, of 23 ranged from 60 to 132; that is, 2 had an I. Q. of from 60 to 70, 10 from 70 to 80, 6 from 80 to 90, 1 from 90 to 100, 2 from 100 to 110, 1 from 110 to 120, and 1 had an I. Q. of 132. More than half were below 80 or in the retarded group. In 21 cases there was no record.

In 26 cases, the physical condition was not a factor in their maladjustment. Three were generally below par, with poor eyes, teeth, throats, malnutrition, and so forth. Four had chorea, and 1 choreiform movements. Three had defective teeth, and in 2 cases there was a history of rickets. There was 1 case of poor nutrition, 1 of astigmatism, 1 of a healed fractured skull; 1 had a nose and throat disorder, and 1 was anæmic.

As regards family history, 2 of the children were illegitimate, and alcoholism was recorded in the families of 11. One family had a record of insanity and of alcoholism, criminality, and epilepsy combined. In 8 families, one or more members were reported as neurotic or "nervous." The heredity was negative in 20 cases.

The races of the parents of these children were interesting from the standpoint of their wide distribution. Nineteen were American, 4 were German, 2 were of Austrian parentage; 1 parent in 1 family was Austrian Jewish, and 1 parent in 3 families was Russian Jewish; in 1 the parents were Roumanian Jewish, and American Jewish in another; in 1 they were Slavonic, in 1 Spanish-American; 2 were Irish, 2 Hungarian, 2 Russian, 1 Greek, 1 Italian, and 1 French-Russian Jewish.

Twenty-three of the 44 children attended school, ranging from the first to the seventh grade. Over 40 per cent of these were below grade. Of the remaining children, 12 were not in school, only one of them being of school age, and in 9 cases there was no school record. All of these 9 cases were children who were being transferred from one boarding home to another and at the time that they were brought to the clinic were not in school.

With most of the children, the prime factors of importance were the difficulties and bad conditions in the home. In 15 cases the trouble was largely due to lack of care and understanding and control at home—to impatience on the part of the parents and its reaction of antagonism and fear in the child. The changing environment necessitated by institutional life and life in foster homes caused much difficulty for a few children. In 3 cases poverty was the chief factor; in 2, inconsistent treatment of the child by those in authority; and

in 1, a dirty, disorderly home. The environment apparently was not a demonstrable factor in 18 cases.

There was, naturally, a wide range of mental difficulties and social maladjustments. The chief complaint of the person who brought the child to the clinic is the basis for the statistical facts that are to follow. Among the symptoms for which the children were brought to the clinic, the most frequent were persistent stealing, lying, bed-wetting, and masturbation. Almost as frequently the complaint would be "nervousness," which on investigation would be found to cover one or more of the above symptoms and in addition rebelliousness, hate, or antagonism to one or both parents, poor attention or performance at school, truancy, irritability, moodiness, flights from home, lasting from hours to days, cruelty to other children and uncontrollable, violent rage. In not a single case was there only one symptom; usually three or four of the above symptoms would be present in a child. Eight of the children were truants who both lied and stole. Eight were backward in school, and were "nervous." Eight were excessive masturbators and chronic bed-wetters; 2 of these in addition lied and stole. One child lied, stole, had a violent temper, and was stubborn, antagonistic, and rebellious. Another thought that she was crazy—was sulky and very resistant and had an overdeveloped imagination.

Nearly half of the children (20) were brought to the clinic by visiting teachers. About a third (12) were sent by the State Charities Aid Association. Two were referred by Hartley House, 1 by the Russell Sage Foundation, and 1 was sent by a high-school teacher. In the histories there was a record of home supervision by visiting teachers in 10 cases and by social workers in 6.

One child was brought to the clinic five times, but most of the children—65 per cent—came only once. There is a record of improvement accomplished in behavior, in school work, or health in 16—or 50 per cent—of the non-farm cases. Twelve of the children were sent to the farm, of whom 9 were there for a long enough period (6 months) to feel the effect of what we were trying to do, and all 9 improved in some respects. The evidence for this is pragmatic, and for many people has the value of proof; it is rough, but intensely practical; it is

the opinion of the parents, visiting teachers, teachers, and guardians of the children. Based upon their opinion and upon our observation, we have a record of improvement in 9 of the 12 farm cases, and in 16 of the remaining cases. We have counted as failures all children of which we have either a definite report of no improvement or no report whatever, due to the fact that they came but once to the clinic.

It might be well asked, "What does the psychiatrist mean by 'maladjusted children'?" Primarily, he means those whose conduct at home, at play, and in the school does not fit them into their environment. For this there may be either a physical cause, in which case it does not belong in our field, but to the realm of the pediatrist, a physician who treats the child from the standpoint of its physical make-up. Anything outside of this is the psychiatrist's field, even if there is an admixture of a physical cause, as is so often the case. Of course, no human being is, or ever will be, perfectly adjusted. Life, if viewed from the experimental angle, is a series of trials, errors, and solutions. Adjustment to life, and therefore success, is largely a matter of the number of trials we need before we find the solution, and maladjustment is largely the use of errors or false solutions as habitual methods. We have, therefore, a combination of the practical and the scientific method of expressing ourselves when we speak of showing an individual the errors of his ways. Of course, modern society is equipped with a large variety of means whereby the individual can make his trials and be shown his errors. But these means are often comparatively narrow in their range, their purpose being to fit the individual into a system rather than to teach him how to make use of that system. And the nervous child is such because he cannot fit himself into this system, either because of defects within himself or because society, as it is at present constituted, does not offer him sufficient means of expressing himself and he therefore uses those means which his prehistoric ancestors in their day were wont to use—namely, lying, stealing, deceit, and so forth.

The school's attitude in this problem, it seems to me, would change could a better understanding of human behavior, especially of child behavior, be given the teaching force. At

present the consensus of opinion is that in too many of our schools the emphasis and attention is placed upon the system of education and not upon the child. Highly developed organizations are built up that are a glory to their originators and controllers, but are not entirely suitable as instruments for educating children. One of the results is the large number of children who, by this system's artificial standard, are classed as subnormal or neurotic. If the child does not fit into the system, he is badly mangled, as any unsuitable material would be in a machine. The change that is necessary is a change in emphasis. It is the duty of education to help the child, not to force him to fit into an educational system. And if the organization that is suitable for the average child does not fit a particular child, then provision should be made for adapting the system to the needs of the particular individual. It has been our sad experience that many teachers and principals have little use, time, or understanding for any child who in the slightest deviates from the dead average that is so suitable for the smooth running of a class or school and of such value in making what is called a "good showing" or "report." Obviously much is being done to rectify this state of affairs in the public schools, but of all the classes of maladjusted children, the emotionally maladjusted, to which class the neurotic child belongs, has received the least understanding and care. If the teaching force could be given a better understanding of the influence of instinct on human behavior, the difficult children would be more frequently referred to a psychiatrist.

To provide for the needs of the emotionally maladjusted child, the schools should establish small classes, including not more than ten, in which the neurotic child could be more carefully studied. The attitude of the school toward this class should not be that it is a punishment, but that it is an attempt to treat the child's behavior as a symptom. The child should be sent back to the regular classes just as soon as possible. The neurotic child feels himself as a thing apart, and some of his behavior is due to the attempt to get back into the group. It would be wise, therefore, to make the adjustment not only during school hours, but also outside of them. This can best be done by intensive individual study of the child in the home

and school and by placing him in contact with somebody outside of the school, such as a visiting teacher, who thoroughly understands him, who he knows has his interest at heart. *It is to this influence on the part of a visiting teacher and psychiatric social worker that most of the improvement in our cases is ascribed.*

Our experience has impressed upon us a number of valuable facts which observers such as Dr. Macfie Campbell, Dr. L. Pierce Clark, and others in this field have mentioned before—first and foremost that there is a large class of children who belong neither to the feebleminded nor to the malignantly psychotic groups; and it is especially individuals of this group, called variously "nervous children" and "difficult children," that have the greatest possibilities in the way of adjustment to normality. Of course very careful intelligence, psychiatric, and physical examinations and tests must be made to determine to what group the child belongs.

But it is of extreme importance to emphasize the fact that no child should be arbitrarily classed as feebleminded on an intelligence test alone. Such a classification should depend upon a test that is in the nature of a continuous experiment, whose duration and whose administration under favorable environment shall be long enough to settle definitely this conclusion. This may take months. An illustration of this can be cited from our experience with one of the farm-school cases. Several psychological clinics had graded a child as feebleminded. She coöperated too poorly when tested at our clinic to make it possible to give her an intelligence quotient. In seven months her general improvement produced such a change that her intelligence quotient rose to over 80.

One of the strongest, if not the most important, factor in the improvement of the children is the human attitude of the person who undertakes their supervision. No training, no collegiate or post-graduate degree can take the place of this personality factor; formal education, it is true, may make it a better instrument for working with the child, but it is after all *the* agent or force that the child needs. It can probably best be defined as that objective attitude toward a child that is based on the observer's own habits of behavior consciously understood, guided, and, as far as possible, scientifically

formulated. Without it, an individual in his relation to children is hopeless, nay, worse than hopeless; with it, a great many things are possible.

All who come into contact with the child have the duty of bringing *this factor* to the problem. It is not enough that one be well trained in the arts and sciences and especially medicine, but one must be able to give this intangible, illusive, tenuous factor called understanding a definite scientific formulation and background. It must show in everything he does, in every word and attitude toward the child. We have records that show that the improvement in the child dates from the day when he appreciated the fact that there was some one who was interested in him, not another agency that was against him.

There are many cases where sporadic visits would be of little avail—in cases of long standing, or where the family struggle for mere existence is such as to leave no place for the attention the nervous child needs. Here we feel that a place such as the farm school should be open for the nervous child. The two great objects that should be achieved at such a farm would be a maximum of healthful physical surroundings and the change in the emotional environment that would be the result of removing children from their homes and the city and placing them, temporarily, under the care of an individual such as Miss Moore. I can only repeat here that which I have said before—training is necessary to do the best kind of work, but it is not as essential as the other factor, that of understanding. It is understanding, controlled, guided, or directed by training, that is the very medicine these neurotic children need. The psychiatrist, the individual in charge, should keep both in mind.

If a child has once failed and has expressed that failure by using the method of adjustment which the race as a whole has outgrown, society has two methods of procedure open to it. It can either repress the individual, put him away, jail him, and so forth, or it can put him in an environment in which his lack will be understood and attempts will be made to develop him.

The segregation of children into institutions whose chief aim is segregation robs them of the chance to learn to adjust

themselves. The spirit that deems that it is *they* who must rise unaided to majority standards is but the continuation of the very condition that led them into their abnormal behavior. Is it not rather society's duty, with insight and understanding of their levels of conduct, to lead them up to better ones?

The maladjustments that call for the psychiatrist's advice are those in which the behavior that brings about the maladjustment has crystallized into a rule of conduct, has become a habit or threatens to become one. Children should be brought to the psychiatrist whenever their habitual response is a maladjusted one, such as sulkiness, sullenness, laziness, lying, stealing, deceit, the tendency to remain apart, quarrelsomeness, and so forth.

Summary.

The Children's Psychiatric Clinic has demonstrated not only the need for such a clinic, but also its usefulness. This is especially true in the case of neurotic children who show a wide variety of symptoms that can be understood and treated only by intensive study of each child and its home environment.

In addition to the correction of physical defects, there is usually necessary, not only a reëducation of the child, but also a change in the attitude of the home to the child. All this can often be accomplished through the clinic, with the necessary aid of the psychiatric social worker or the visiting teacher or any social worker who has an understanding of and a training in the principles of mental hygiene.

For those neurotic children for whom, either because of their inherent neurotic disposition or of irremedial home conditions, a continuance in the home offers very little hope of improvement, I urgently ask for the establishment of farm schools such as this paper outlines.

The resultant improvement in the behavior of the children, following the change in their personal and physical environment, appears at the end of two and one-half years to be permanent in approximately 50 per cent of the cases.

THE POSSIBILITIES OF A STATE SOCIETY FOR MENTAL HYGIENE*

H. DOUGLAS SINGER, M.D., M.R.C.P.
Professor of Psychiatry, University of Illinois;
Alienist, Department of Public Welfare,
State of Illinois

STATE societies for mental hygiene are of comparatively recent origin and as yet there seems to be no common agreement as to the exact functions they should perform. Indeed it is not rare to hear doubts expressed as to any justification for their development. In consequence, many of them lead a somewhat precarious existence. This state of affairs is certainly not due to any lack of constructive work to be done, but, in all probability, depends mainly upon a failure fully to grasp and clearly to formulate some plan of action.

A brief consideration of some features that serve to cloud the issue will therefore not be out of place. First, since the whole system of civilization is built upon intelligent activity and thus depends upon mental health, the subject is so large that it enters into every phase of social life and human relationship. Many of the problems with which it is concerned had necessarily been attacked by various agencies, often without appreciation of the fact that they were dealing with mental problems, long before the birth of the mental-hygiene society. Hence many fear duplication and waste of effort. This must be met by some clear definition of functions.

Secondly, there is a very prevalent belief that the term mental hygiene means only the treatment of insanity and feeblemindedness, which are two of the most striking examples of mental ill health. Furthermore, it is a fact that the state itself has assumed the responsibility of providing this care. Since the state can secure all the money it requires for these purposes by taxation, it is argued that there is no need for private assistance. But, it might be answered, even if these premises were correct, which they are not, before this money can be secured it is necessary that the taxpayer realize the

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importance and necessity of state care for the mentally diseased and the mentally deficient.

Thirdly, the whole subject of mental activity has seemed so obscure and mysterious that efforts to deal with it as a concrete problem have to many appeared hopeless and to some even sacriligious. To suffer from a disordered mind is a stigma to be concealed and this stigma more or less spreads to those who concern themselves with it. This sentiment is still widespread and places enormous obstacles in the way of constructive work. While this is here cited as a probable factor in causing the difficulties peculiar to mental-hygiene work, it appeals to me as an especially cogent argument in favor of the development of mental-hygiene societies.

Such considerations lead me, before attempting to outline a program for the work of a state society for mental hygiene, to discuss in some detail the relations that exist between an organization of this kind and the state. First let us be clear as to the functions that the state has assumed in relation to mental health. In certain respects they are at variance with the general principles upon which our governments are organized. These principles lay particular emphasis upon self-determination, applied not only to nations, but also to individuals and communities. The state government concerns itself only with matters that affect all or a majority of its citizens and carefully avoids interference with purely local or individual affairs. Mr. Charles H. Thorne, Director of Public Welfare of Illinois, has well expressed this concept by saying that the functions of the state are "advisory and supervisory" except in regard to such matters as "can best be dealt with collectively." In regard to these latter the state assumes executive functions.

In this category most states have placed the care and treatment of the insane, feebleminded, criminal, and delinquent. Among the reasons leading to this conclusion may be mentioned the great variety of equipment and the special training of personnel requisite in order adequately to carry out this task. These entail a large overhead expense which, absolutely and not only relatively, is nearly as great for a small as for a large group of patients. Hence it is economy to centralize the work.

Further, it may be pointed out that, were each community to attempt the assumption of this burden, financially impossible except for the more populous centers, there would inevitably arise great inequality in the care provided in different parts of the state. Yet, from the very nature of the disorders to be treated, the patient is deprived of the liberty of choice and action. It is therefore necessary to adopt measures that will insure equality of opportunity, and for this central administration offers a more or less satisfactory solution.

Therefore the state has itself assumed the executive function of caring for those who are grossly disabled in mind. But this does not, at least primarily, include the broader problems of health *preservation*. It is only the treatment of those persons who have lost, or never possessed, mental health. Secondarily, it is true, because of the steadily increasing burden of providing for the consequences of loss of health, that there is a growing demand for measures to prevent, as well as to treat, mental disorder. All of this is included under the term mental hygiene. But the state, as yet, has done little more than undertake studies and investigations designed to determine how this may be accomplished.

We may next ask whether the work of putting preventive measures into effect belongs among those matters which are best dealt with collectively for the state as a whole. This, unlike the treatment of mental disease and deficiency, deals with individuals who are active and productive members of communities, capable of full citizenship. The purpose is to retain them in these surroundings and avoid the necessity for removal to treatment institutions and the loss to society thus incurred. Hence the work must be carried on in the community. The situation here is exactly comparable to that of the maintenance of public health in general, of which it is indeed only a part. Most states maintain a central department of health, but as a rule this acts, except in emergencies, mainly by giving expert advice and supervision, leaving the actual executive work to be performed by local agencies, county or municipal.

In addition to the work of prevention, and closely related to it, is the detection of evidences of ill health. This is universally left to local agencies and belongs essentially with the

police powers of the community, although, except in emergency, it should not be handled by the police force as ordinarily understood. It strictly belongs in the police powers of a health department. The state assumes no responsibilities or jurisdiction until the existence of disease is established.

Thus far, however, we have considered only the grosser forms of mental disorder, those characterized by more or less actively antisocial behavior which renders those afflicted a source of danger to themselves or others. We have not touched upon a group of mental disorders—less menacing in appearance, but of immense importance to society—known technically as psychoneuroses, including hysteria, neurasthenia, psychasthenia, and other less well-defined types of psychopathic personality.

That this group is of large size is amply illustrated by experience gained in providing treatment and compensation for the disabilities of ex-service men and women. The nervous and mental cases constitute one of the largest groups of these disabilities, though as yet apparently it has not been determined what proportion belong in the category of the psychoneuroses. That this is many times larger than that of the insanities there is no question.

During the war there developed in the army a very large number of cases of psychoneurosis, often called "shell shock," and these figures might be quoted. But since they developed under the unusual circumstances of army life and battle conditions, and almost entirely disappeared with the cessation of these conditions, it seems preferable to cite the experiences of rehabilitation. Unfortunately we have no figures, but so important is the situation that the United States Public Health Service is finding it necessary to establish special organization and facilities for dealing with these cases. This may be considered as the first systematized effort to meet the problem of this particular type of mental disorder.

That the psychoneuroses constitute a big problem of civil life associated with great economic and industrial loss has been sufficiently emphasized by various writers in recent articles and need not further detain us. They are, especially if neglected or wrongly treated, often extremely chronic and difficult to handle. This is due to the fact that they represent

essentially efforts on the part of the patient to escape from intolerable situations even if, as may be true, some inferiority in construction of the individual be requisite to bring about the adoption of such methods of reacting to intolerable situations. They are, to many physicians and others, very unattractive cases; the treatment requires exacting study and is often very tedious. In consequence these patients frequently drift from physician to physician or from clinic to clinic, tolerated rather than welcome and, if they have money, a natural prey for quacks and fakers of all kinds. Much is expended upon them in the form of charitable relief, and they are the source of untold misery and suffering to those naturally solicitous for their welfare or dependent upon them for subsistence.

Though it may be unnecessary, it is well to emphasize especially that these persons are neither insane nor feebleminded. Often, indeed, they are above the average in intelligence, though this is by no means essential.

Yet this problem, which I believe to be larger than that of tuberculosis, has received little or no consideration from any government agency, central or local, until now, when it has compelled attention from the army and the agencies dealing with disabilities of ex-service men and women.

The needs in the way of care and treatment differ from those for the insane and feebleminded by reason of the fact that prolonged hospitalization is not only as a rule unnecessary, but may be even highly detrimental. This was well shown by army experience, where it was found that the best results were obtained by efforts to build up morale and force the man to face the facts and meaning of his illness as near the fighting line as possible. Cases that were evacuated to base hospitals or sent home were by this step encouraged in a feeling of illness and inadequacy, with the consequence that many became confirmed invalids.

One of the essentials for successful treatment of these cases is early diagnosis. This has been affirmed so often for so many different forms of illness that the words have almost become a catch phrase. But it is especially important here, for the reason that methods of meeting situations that have once been adopted and have succeeded, in spite of the suffer-

ing they entail, in enabling a man to escape still more unpleasant responsibilities very easily tend to be repeated and to become habitual. Bad habits are proverbially difficult to break and this variety is no exception to the rule.

The purpose of a state society for mental hygiene, as usually stated in its constitution, is to promote measures for the preservation of mental health and the alleviation of the consequences of ill health. This assertion contains no suggestion of a desire or intention to undertake the task of carrying out these measures. That task, as in other matters of public health, these associations recognize to be a function of organized society itself. The mental-hygiene society is founded for the performance of educational or propagandist work, and this should be kept constantly in mind.

In the past there was great need for such popular education upon the necessity for improving facilities, provided by the state, for the treatment of mental disease and deficiency. While this need has not entirely disappeared, it has very greatly diminished, and to-day the old-time politically selected staffs of the institutions are rapidly being replaced by men and women chosen because of fitness and training for the particular work they have to do. The mental-hygiene society, consequently, now more often finds itself in the position of being called upon to assist in carrying out measures that have originated within the institutions than striving to impose much needed changes upon a group of indifferent or unwilling state officers. This change is well illustrated by the fact that state officials are frequently, as here in Indiana, active members of the state society for mental hygiene.

There is therefore need, if these societies are to justify their existence, for them to turn their attention to other fields still unworked, such as those already indicated of prevention and early diagnosis and the treatment of psychoneuroses. But it will probably at once be asked whether the necessary data upon which to base such work are at hand.

First with regard to prevention, which applies to psychoneuroses as well as to insanity and feeblemindedness. While it must be admitted that we still lack information as to the exact causes of many mental disorders, yet there is available much that has not as yet been put into practice. It would lead

too far to attempt to detail this here, but a few illustrative examples in general terms may be cited. Popular education has already accomplished the removal of one potent source of these troubles by the passage of the Prohibition Amendment. Next it may be pointed out that approximately 15 per cent of all insanity and an entirely unknown proportion of other mental disorder and deficiency are due to infection with syphilis, a preventable disease.

The relation between various forms of bodily disease or defect—sense deprivation, disordered chemical activity within the body, and so forth—and mental disorders is becoming daily more clearly established. These bodily disturbances are capable of detection by proper methods of study and even if incapable of correction, as may be true, they may still form the basis for constructive efforts to educate and regulate the life of the individual in accordance with his handicaps and thus to diminish the mental stresses and difficulties which would otherwise result in breakdown.

Besides these more tangible bodily deficiences and diseases, there is also a large field of mental stresses based upon feelings of inadequacy or unsatisfied instinct—perhaps resulting from poor bodily construction of unknown kind, perhaps from the social milieu in which the individual happens to be placed—which are liable to produce intolerable situations and dissatisfactions and thus to result in definite mental disorder. These include problems of individual or family life and industrial and social conditions, many of which are capable of remedy or relief if only recognized with sufficient clearness.

When we turn to the question of the possibility of recognizing the danger or early signs of mental breakdown, before serious consequences have accrued, we find ourselves in even better case than with regard to the actual causes. Experience with the selective draft in the recent war has amply proved that, even with inadequate and hastily improvised means, it is possible to accomplish much. The process of weeding out the mentally unfit was probably not the only factor that contributed to the extraordinary freedom of our troops from mental disease and serious infractions of discipline, but it was undoubtedly a very large one.

Treatment of the psychoneuroses, if adopted early and in a systematic manner, also presents a most hopeful outlook.

This was evidenced in the acute disturbances incidental to the war; and while, because of the presence of more deeply constitutional types which were to a considerable degree excluded or early discharged from the army, we cannot expect the almost 100 per cent of recoveries there recorded, yet there is no doubt that early recognition will do much to minimize the failures and assist in restoring to some degree of usefulness many who will otherwise be but burdens on society.

The task here described so briefly and in such general terms is an enormous one which must inevitably extend over generations if it ever be entirely accomplished. This word of warning is necessary to avoid leaving with you the impression that I am offering a scheme to change the world overnight. Even the organization best calculated to accomplish the aims set forth has not yet been worked out and there will probably be many experiments and failures before this can be finally settled. For that reason it is best to avoid dogmatism and to leave to each group of workers the development of its own plans for work and the order of procedure. Yet there are some points upon which there will probably be fairly general agreement.

Preservation of mental health for the individual implies knowledge concerning the development of outlets for instinctive cravings within the limits set by a social manner of living and the selection of a mode of life appropriate to his particular abilities and handicaps. This covers the whole field of education, in the home and school, and enters into all human relationships—religion, marriage, occupation, and so forth. Obviously it extends far beyond the activities that fall properly in the sphere of a mental-hygiene society. This agency must coöperate with every other—school, church, or what not—already actively at work and endeavor to see that emphasis is laid upon the psychiatric problems involved. It will probably find that its own main service lies in undertaking to illustrate and drive home to all individuals the consequences of failure. This instruction and the illustrations must be varied so that selections can be made suitable for all kinds of audience of all ages and both sexes. While very material help in the collection of exhibits, literature, lecture topics, and so forth, can be secured from the National Committee, there is a very great advantage in preparing them from local

sources. In this way the examples have an inescapable personal application and cannot be regarded with wonder as the failures of some neighboring community or state.

The preparation of such propaganda should, I believe, be one of the first efforts of a state society for mental hygiene, as it is with these weapons that it must fight to bring about more constructive results. Every use should be made of the state institutions for obtaining statistics and facts concerning the causation and treatment of disorders, not only because the society needs these materials, but also because it is a source of stimulus to the institution itself.

The first need for constructive work in connection with the aims described above is, I think, to bring about the establishment of dispensaries or clinics in all communities. These will serve to bring together the facilities for the study of individuals, the recognition of particular handicaps and dangers of breakdown, and thus provide a place to which all residents of the community may go for advice and such treatment as can be given in this form of service. The mental-health clinics should not be isolated, but should be part of a general clinic dealing with all forms of health preservation—child welfare, medical, surgical, eye, nose, throat, dental, and so forth.

Many, especially among the smaller communities, will probably find difficulty in securing physicians trained to carry on such work, particularly in regard to mental problems. Eventually this will doubtless be met by better teaching of these subjects in the medical schools. At present it may be suggested that the community can avail itself of the assistance of the staffs of neighboring state institutions, acting purely in a consulting capacity. Another plan would be the establishment of traveling clinics, still consultant in character, organized in connection with a central state or district agency of some kind.

The local clinics operated in the community should, I believe, be owned and maintained by the community itself through some local agency chosen and organized in accordance with conditions which there exist. They are not, and must not be considered as, charities, for they serve not only the individual, but also the needs of the whole community. No one is unaffected by the maladjustment of a member of the social group in which he lives.

Possibly, in addition to these local clinics, it will be found economical to develop regional clinics conveniently placed to serve a number of communities, having sufficient beds at their disposal and somewhat more elaborately equipped than are the local clinics, which will be maintained by the region they serve and to which would be sent for detailed study cases presenting special problems of unusual difficulty or importance. Many states are now developing, or have actually in operation, central psychiatric institutes supported by the state as a whole, which may well be considered as the most highly specialized and equipped of the whole system. In smaller states these would avoid the necessity for the intermediate regional clinic suggested above. Such institutes function as consultant rather than treatment hospitals and also provide training centers for physicians, nurses, and others and facilities for developing knowledge by research which may later be applied in the community clinics.

The work of the state society for mental hygiene in this connection is still educative and not executive. It should endeavor to develop in the community the realization of the needs and value of such work. Probably the best method of accomplishing this is by actual demonstration. After a campaign of education the society will establish and maintain temporarily a clinic for mental-health work and invite the community to use it. Usually a short demonstration is sufficient to create a popular demand for its continuation and it will not be long before it can be turned over to some local organization, either public or private. The society should be prepared to recommend some system of permanent organization which, by preference, should have close relations to the local health department.

The state hospitals and other institutions will usually be found not only willing, but anxious to coöperate in these ventures in a consultant capacity because they will also serve to assist the state in its own task. First, they provide a means of communication with the environment from which have come the patients the institution must treat; information from this source is often difficult to secure and yet may have a profound influence upon the character and duration of the treatment. Second, they afford a center through which super-

vision may be had over patients whom the hospital desires to return to social life without altogether discontinuing treatment. Finally if these clinics accomplish even a small degree of success in prevention, there will follow a corresponding relief to the overcrowding which is so prevalent in the institution and so detrimental to the performance of satisfactory work.

The program for active and practical work here outlined—which, unless one believes in paternalistic government, is distinctly outside the functions of the state government—requires the organization of an executive department in the mental-hygiene society. Truly constructive results will not be accomplished by meetings, important as they are for assisting in the planning of work and methods, such as this to-day. The work of these societies has been compared with a merchandising business, the article for sale being mental health. This audience has already purchased and probably all are stockholders. If the business is to succeed, we must advertise our wares among prospective customers who as yet know little of our goods.

In planning the organization, the size of which will determine the amount of work that should be undertaken at any one time, the main essential is to secure an executive head who possesses two qualifications. First he must be a good psychiatrist and second he must be a good salesman. It is preferable that he have an assistant to insure continuity of service. In addition there are needed clerical and advertising assistants and, for the clinic demonstrations, social-service nurses. The budget estimates must provide liberally for printing, illustrating, and traveling, with sufficient office space for headquarters, which need not be very large. As a rule local communities will provide space for temporary clinics so that the expenses here will be chiefly salaries and traveling.

In concluding this article, permit me to point out that I do not pretend to have covered the possible fields of activity or to have prescribed any particular course of action. My object will have been accomplished if I have, in any measure, succeeded in suggesting a line of argument and possible constructive activity which will lighten the difficulties experienced by so many of the state societies of mental hygiene in securing earnest attention and support.

MENTAL DISEASES IN TWELVE STATES, 1919

HORATIO M. POLLOCK, PH.D.
Statistician, New York State Hospital Commission

EDITH M. FURBUSH
Statistician, The National Committee for Mental Hygiene

THE data comprised in this study were obtained from the standard tables filled out by the 46 state hospitals of 12 states for the fiscal year ending in 1919. The state hospitals represented are distributed as follows: Arizona 1, Colorado 1, Iowa 4, Maine 2, Massachusetts 12, Nebraska 3, New Hampshire 1, New York 15, Rhode Island 1, South Carolina 1, South Dakota 1, Virginia 4.

Sets of tables were also received by the National Committee for Mental Hygiene from 24 state hospitals in 17 other states, but as complete data could not be obtained for any one of these states they were not included in this review.

This study is the first attempt to use for comparative purposes the results of the uniform system of statistics of mental diseases which was adopted by the American Medico-Psychological Association in 1917. This system and the coöperation of the superintendents of state hospitals have now made it possible to secure separate data concerning first admissions, readmissions, and transfers, and to compare the incidence of the various forms of mental disease in several states.

MOVEMENT OF PATIENTS

(See Table 1, page 365.)

At the beginning of the fiscal year of 1919, the hospitals comprised in this study had a total of 79,039 patients on their books; they received during the year 16,176 first admissions, 4,476 readmissions, and 1,660 transfers; they discharged 3,325 patients as recovered, 4,025 as improved, 2,041 as unimproved, 886 as without psychosis, and 1,745 by transfer to other institutions for mental diseases. The deaths numbered 9,309. The number of patients remaining on the books of the hospitals at the end of the fiscal year was 79,960, an increase of only 921, or 1.2 per cent, over the number at the beginning

of the year. The high death rate during the fiscal year of 1918-1919, due to the influenza epidemic, was a factor in preventing a larger increase. Arizona, Rhode Island, and Virginia were the only states in which there was a decrease in patients under treatment during the year, although the increase was very small in several of the other states.

Psychoses of First Admissions

(See Tables 2, 3 and 4, pages 368, 371, and 373.)

The first admissions to the state hospitals indicate to a fairly accurate degree the incidence of the more pronounced forms of mental disease. While some persons with mental disease are cared for at home and some are sent to private institutions, the total thus cared for is small compared with the number admitted to the state hospitals.

Table 2 shows the sex distribution of the first admissions of each clinical group. It is noteworthy that the total male first admissions exceed the female in every one of the 12 states except New Hampshire. In the separate groups of mental diseases, however, great variation in sex distribution is observed.

Clinical Groups in Which the Male First Admissions Notably Exceed the Female

	Males	Females
Traumatic	47	6
With cerebral arteriosclerosis	537	307
General paralysis	1,226	288
With cerebral syphilis	83	33
Alcoholic	572	131
Dementia praecox	2,230	2,050
With psychopathic personality	124	86

Clinical Groups in Which the Female First Admissions Notably Exceed the Male

	Males	Females
With pellagra	14	48
With other somatic diseases	262	415
Manic-depressive	922	1,347
Involution melancholia	123	330
Psychoneuroses and neuroses	99	173

From the foregoing comparisons, it is seen that the excess of males in the traumatic, syphilitic, and alcoholic groups is very marked. The greater exposure of man to accident is the obvious explanation of the excess of males in the traumatic group. It is also well known that men drink alcoholic liquors and contract syphilis to a far greater extent than do women. The excess of males in the dementia-praecox group is not so marked and with our present knowledge of the disorder cannot be satisfactorily explained.

The excess of women in the somatic-disease and manic-depressive groups is probably due in part to the difficulties connected with the bearing and rearing of children. The predominance of women in the involution-melancholia group indicates that in women the involutional period is accompanied by more profound mental and physical readjustments than in men.

In Table 3 are given the rates of first admissions in the principal clinical groups per 100,000 of the general population in the several states. Marked differences are found in the rates in the various states, especially in the larger groups of psychoses.

Comparison of Rates of First Admissions in Principal Clinical Groups per 100,000 of General Population in 12 States, 1919

State	All first admissions	Senile	With cerebral arterio-sclerosis	General paralysis	Alcoholic	Manic-depressive	Dementia praecox
Arizona	68.9	6.9	...	4.4	...	18.1	17.8
Colorado	47.2	8.4	1.2	6.7	0.2	5.6	11.3
Iowa	37.1	5.6	0.5	3.1	1.1	7.7	9.9
Maine	60.9	5.6	3.8	5.9	2.4	9.9	8.0
Massachusetts	98.5	7.8	7.6	6.5	7.8	7.1	25.8
Nebraska	39.7	6.8	0.5	3.5	0.5	7.2	11.4
New Hampshire	66.1	8.8	6.1	4.5	3.6	13.1	8.4
New York	67.5	6.8	3.9	8.7	2.8	9.9	18.8
Rhode Island	54.8	7.2	3.2	7.4	3.2	6.5	14.9
South Carolina	48.7	5.8	2.4	1.3	0.4	3.6	17.0
South Dakota	37.7	5.4	...	1.3	...	4.0	12.4
Virginia	57.3	7.5	0.4	1.8	1.3	15.0	12.4
Total	63.8	6.9	3.3	6.0	2.8	8.9	16.9

Chart 1

RATES OF FIRST ADMISSIONS WITH GENERAL PARALYSIS IN 12 STATES, 1919

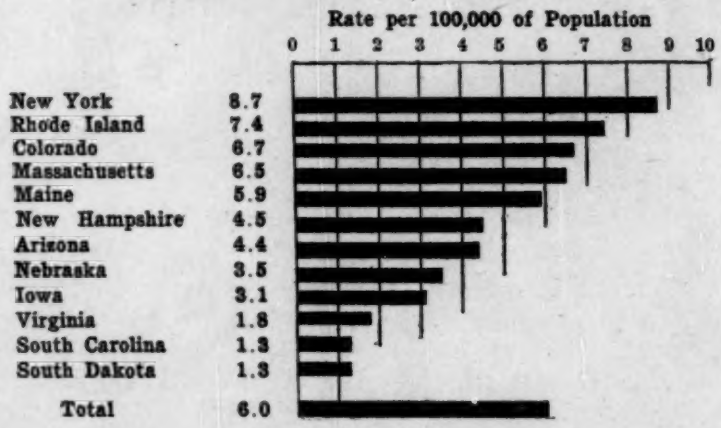
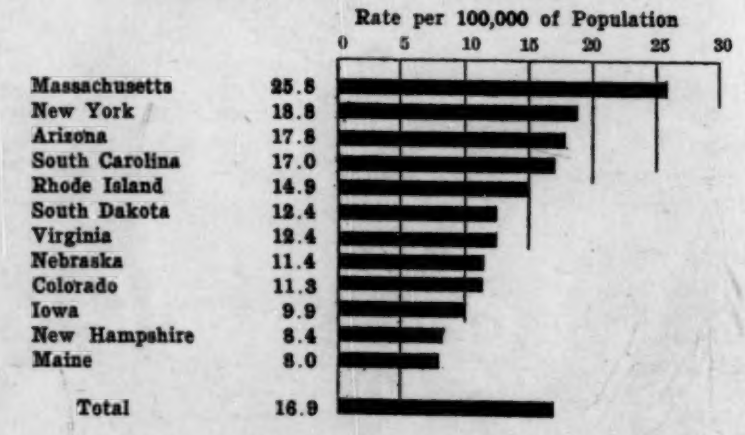


Chart 2

RATES OF FIRST ADMISSIONS WITH DEMENTIA PRAECOX IN 12 STATES, 1919



From the foregoing summary, it is seen that Massachusetts has the highest rate of first admissions and the highest rate of alcoholic psychoses and of dementia praecox. New York has the highest rate of general paralysis and next to the highest rate of dementia praecox. South Carolina and Virginia have low rates of both alcoholic psychoses and general paralysis. Arizona, New Hampshire, and Virginia have high rates of manic-depressive psychoses. Iowa, Maine, and New Hampshire have low rates of dementia praecox.

The rates are influenced by many factors, among which may be mentioned the accessibility of state hospitals, environment, and the race and age distribution of the population. In Massachusetts, the high rate of first admissions and of alcoholic psychoses is due to a considerable extent to the great number of admissions to the Boston State Hospital, whose statistics included the Psychopathic Department. A large percentage of the admissions to that department had alcoholic psychoses.

Table 4 gives the per cent distribution of the principal psychoses in the several states. This table compares the relative prominence of the various forms of mental disease in the several states.

Per Cent Distribution of First Admissions in Principal Clinical Groups in 12 States, 1919

State	Per Cent of Total Admissions in Each State					
	Senile	With cerebral arterio-sclerosis	General paralysis	Alcoholic	Manic-depressive	Dementia praecox
Arizona	10.2	...	6.5	...	26.9	26.4
Colorado	19.3	2.7	15.4	0.5	12.9	26.0
Iowa	15.1	1.4	8.4	2.9	20.7	26.8
Maine	10.9	7.4	11.4	4.6	19.3	15.5
Massachusetts	9.0	8.8	7.6	9.0	8.3	29.8
Nebraska	17.1	1.4	8.9	1.2	18.3	28.7
New Hampshire	14.9	10.3	7.6	6.1	22.1	14.1
New York	10.2	5.8	13.0	4.1	14.7	28.0
Rhode Island	13.6	6.0	13.9	6.0	12.3	28.2
South Carolina	14.0	5.8	3.0	0.9	8.6	40.7
South Dakota	14.6	...	3.4	...	10.7	33.5
Virginia	14.1	0.7	3.3	2.5	28.2	23.3
Total	11.4	5.5	9.9	4.6	14.8	28.0

Some of the marked variations shown in the above summary may be due to lack of uniformity in diagnosis, but in the main figures may be accepted at their face value.

Environment

(See Table 5, page 375.)

Table 5 gives the rates with respect to environment of first admissions in the principal clinical groups in 9 states. Of the ascertained cases, the rate of first admissions from urban districts was 69.9 per 100,000 of general population and from rural districts 37.9. The results in the several states vary widely, but with few exceptions the urban rates are higher than the rural. Some of the wide variations in the less populous states are due to the very small numbers dealt with. The rates in some of the principal psychoses were as follows:

Rates of First Admissions from Urban and Rural Districts

Psychoses	Rates per 100,000 of Population of Same Environment	
	Urban	Rural
Senile	7.2	5.4
With cerebral arteriosclerosis	3.3	1.4
General paralysis	8.6	2.0
Alcoholic	2.8	0.6
Manic-depressive	10.5	6.8
Dementia praecox	19.4	9.5
All psychoses	68.2	36.0

The rate of general paralysis, according to these figures, is more than four times as high in cities as in rural districts. Alcoholic psychoses are also comparatively rare in rural districts.

Marital Condition

(See Table 6, page 379.)

Table 6 gives the marital condition of the first admissions to the state hospitals of the 12 states, classified by sex and psychoses. Of the 8,710 male first admissions, 4,099, or 47.1 per cent, were single; 3,389, or 38.9 per cent, were married; 805, or 9.2 per cent, were widowed; and 244, or 2.8 per cent, were separated or divorced. The marital condition of 173

male patients was unascertained. Of the 7,486 female first admissions, 2,416, or 32.3 per cent, were single; 3,378, or 45.1 per cent, were married; 1,335, or 17.8 per cent, were widowed; and 221, or 3.0 per cent, were separated or divorced. The marital condition of 136 female patients was unascertained.

Per Cent Distribution of Marital Condition of First Admissions in the Larger Clinical Groups

	Per Cent of Total of Each Psychosis							
	Single		Married		Widowed		Separated or divorced	
Psychoses	Males	Females	Males	Females	Males	Females	Males	Females
Senile	15.3	16.3	44.2	23.2	35.4	56.0	3.1	2.2
With cerebral arteriosclerosis	14.2	16.9	54.9	30.9	25.7	47.9	3.4	1.3
General paralysis	26.2	16.3	59.9	54.0	7.9	19.0	4.0	8.0
Alcoholic	44.4	11.5	41.1	59.5	8.7	24.4	4.7	3.9
Manic-depressive.	45.8	28.5	45.1	59.6	4.8	8.5	2.2	2.2
Dementia praecox	73.9	44.8	20.3	43.2	2.0	6.8	1.6	3.5

The differences in the percentages of males and females in the several groups are very striking. Women marry at an earlier age than men and have greater longevity. The onset of dementia praecox occurs earlier in life among males than among females. Many other more obscure factors operate to cause differences in the percentages in the several groups. The relatively high percentage of women with general paralysis in the separated or divorced group is noteworthy.

Use of Alcohol by First Admissions

(See Table 7, page 381.)

Table 7 gives a view of the extent of the use of alcohol by the patients of the various groups that entered the state hospitals for the first time in 1919. Nine states are included in the table. Of the 12,922 patients whose habits with respect to the use of alcohol were ascertained, 10,777, or 83.4 per cent, were abstinent or temperate and 2,145, or 16.6 per cent, were intemperate. To what extent the use of alcohol was a causative factor in the psychosis is not known except in the group with alcoholic psychoses, which comprised 667 patients, or 5.2 per cent of the first admissions whose alcoholic habits were ascertained. Excluding the group with alcoholic psychoses, 12.1 per cent were intemperate.

The percentages of ascertained cases in the several states that were intemperate users of alcohol were as follows:

State	Per cent of intemperate users of alcohol among first admissions
Colorado	10.8
Iowa	14.5
Maine	21.3
Massachusetts	19.4
New Hampshire	15.8
New York	16.4
Rhode Island	16.8
South Carolina	8.7
South Dakota	11.4
Total	16.6

Readmissions

(See Table 8, page 383.)

Table 8 shows the psychoses of the readmissions to the state hospitals of eleven states. Of the 4,212 readmissions classified in the table, 1,340, or 31.8 per cent, were manic-depressive, and 1,375, or 32.6 per cent, dementia praecox. The other forms of mental disease prominent among readmissions are general paralysis, alcoholic psychoses, involution melancholia, epileptic psychoses, psychoses with psychopathic personality, and psychoses with mental deficiency.

Per Cent Distribution of the Principal Psychoses of Readmissions

Psychoses	Per cent of total readmissions*
Senile	1.9
With cerebral arteriosclerosis	2.1
General paralysis	5.6
Alcoholic	4.2
Manic-depressive	33.0
Involution melancholia	2.8
Dementia praecox	33.8
Paranoia or paranoid conditions	1.7
Epileptic psychoses	2.5

* Readmissions without psychosis are excluded in computing percentages.

Psychoses	Per cent of total readmissions
Psychoneuroses and neuroses	1.8
With psychopathic personality	2.8
With mental deficiency	3.1
All other psychoses	4.7
Total	100.0

Arizona reports but 17 readmissions, Colorado but 20, and South Dakota but 9. With the accumulation of discharged cases in these states in succeeding years the readmissions will naturally increase.

Results of Treatment

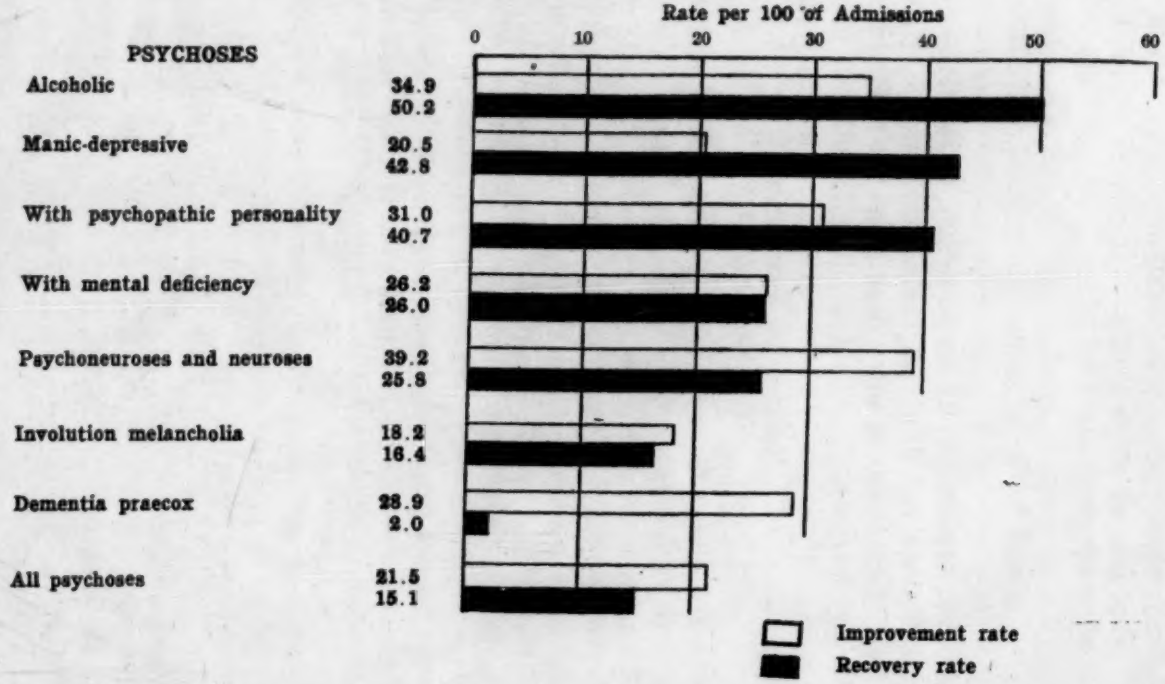
(See Table 9, page 384.)

The discharges from the state hospitals of 11 states classified with reference to form of mental disease on admission and condition on discharge are shown in Table 9. Marked differences appear in the rates of recovery and improvement in the various states. These rates were undoubtedly seriously affected by the influenza epidemic that occurred in the fall and winter of 1918-19.

Recovery and Improvement Rates in 10 States

State	Per Cent of Total Admissions with Psychoses		
	Discharged as recovered	Discharged as improved	Total
Arizona	16.5	42.2	58.7
Colorado	4.2	4.0	8.2
Maine	15.3	16.1	31.4
Massachusetts	9.6	22.5	32.1
Nebraska	4.1	20.3	24.4
New Hampshire	8.6	21.7	30.3
New York	18.2	21.5	39.7
Rhode Island	20.7	22.5	43.2
South Carolina	24.6	25.0	49.6
South Dakota	19.4	9.5	28.9
Total	15.1	21.5	36.6

Chart 3 RECOVERY AND IMPROVEMENT RATES IN PRINCIPAL GROUPS OF PSYCHOSES, STATE HOSPITALS OF TEN STATES, 1919



The rates of recovery and improvement in the various clinical groups are of much greater significance from the standpoint of prognosis. The number of cases in some of the groups is, however, too small to furnish an adequate basis for the computation of general rates. In considering recoveries in certain groups, such as psychoses with mental deficiency and with psychopathic personality, it must be remembered that the term "recovery" relates to the psychosis only.

Rates of Recovery and Improvement in the Principal Clinical Groups

Psychoses	Per Cent of Total Admissions of Each Group		
	Discharged as recovered	Discharged as improved	Total
Senile	0.3	7.0	7.3
With cerebral arteriosclerosis	2.1	10.1	12.2
General paralysis	....	8.9	8.9
Alcoholic	50.2	34.9	85.1
Manic-depressive	42.8	20.5	63.3
Involution melancholia	16.4	18.2	34.6
Dementia praecox	2.0	28.9	30.9
Paranoia or paranoid conditions	4.3	40.4	44.7
Epileptic psychoses	5.7	23.2	28.9
Psychoneuroses and neuroses	25.8	39.2	65.0
With psychopathic personality	40.7	31.0	71.7
With mental deficiency	26.0	26.2	52.2
All other psychoses	17.3	16.3	33.6
Total	15.1	21.5	36.6

Deaths

(See Table 10, page 387.)

Table 10 gives the deaths of patients in state hospitals in 12 states, classified by sex and psychosis on admission. The general death rate per 1,000 patients under treatment, excluding transfers, was 93.4. As previously mentioned, this rate was made abnormally high by the influenza epidemic that

occurred late in 1918. Marked differences are found in the death rates in the several states. The higher death rate among the males is due to the predominance of males in the paretic group.

Death Rates of Patients in 12 States

State	Death Rate per 1,000 Under Treatment		
	Males	Females	Total
Arizona	140.9	106.1	132.1
Colorado	113.8	94.3	105.6
Iowa	81.4	71.9	77.2
Maine	106.3	88.4	97.8
Massachusetts	94.7	76.9	85.8
Nebraska	83.1	70.6	77.6
New Hampshire	133.0	96.6	115.0
New York	101.7	91.5	96.4
Rhode Island	86.9	98.0	92.2
South Carolina	94.5	78.6	86.7
South Dakota	74.1	62.8	69.5
Virginia	107.0	117.1	111.9
Total	98.8	87.8	93.4

From the foregoing review it is seen that the facts relative to mental disease stand out much more clearly when data concerning separate diseases are presented than when all patients are grouped together in tables under the general heading "insane." The figures herein given indicate that each group of mental diseases presents its own problem and should receive separate consideration.

While it is regrettable that we are not yet able to compile complete data relative to mental diseases in all states of the Union, the progress that is being made in that direction is highly gratifying. In the review planned to cover the fiscal year 1920, it is hoped that complete data for several more states will be available, but in any event, there will be included in that review *all* hospitals submitting satisfactory reports.

Table 1—Movement of patients in state hospitals for mental diseases in twelve states, fiscal year ending in 1919

	Total			Arizona			Colorado			Iowa		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Insane patients on books at beginning of year	39,455	39,584	79,039	403	139	542	994	747	1,741	3,068	2,357	5,425
Admissions during year:												
First admissions	8,702	7,474	16,176	171	50	221	263	174	437	504	382	886
Readmissions	2,239	2,237	4,476	8	9	17	8	12	20	103	86	189
Transfers from other institutions for mental diseases	737	923	1,660	.....	.....	.....	.....	.....	.....	10	10	20
Total received during year	11,678	10,634	22,312	179	59	238	271	186	457	617	478	1,095
Total on books during year	51,133	50,218	101,351	582	198	780	1,265	933	2,198	3,685	2,835	6,520
Discharged from books during year:												
As recovered	1,654	1,671	3,325	31	7	38	10	8	18	127	125	252
As improved	2,082	1,943	4,025	78	19	97	7	10	17	39	12	51
As unimproved	1,172	869	2,041	13	2	15	2	.....	2	16	13	29
As without psychosis	502	384	886	.....	1	1	2	1	3	2	1	3
Transferred to other institutions for mental diseases	801	944	1,745	.....	.....	.....	.....	.....	.....	59	60	119
Otherwise discharged	42	18	60	.....	.....	.....	.....	.....	.....	26	18	44
Died during year	4,980	4,329	9,309	82	21	103	144	88	232	299	203	502
Total discharged, transferred and died during year	11,233	10,158	21,391	204	50	254	165	107	272	568	432	1,000
Insane patients remaining on books at end of institution year	39,900	40,060	79,960	378	148	526	1,100	826	1,926	3,117	2,403	5,520

Table 1—Movement of patients in state hospitals for mental diseases in twelve states, fiscal year ending in 1919—Continued

	Maine			Massachusetts			Nebraska			New Hampshire		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Insane patients on books at beginning of year	995	923	1,918	8,092	8,403	16,495	1,495	1,166	2,661	683	675	1,358
Admissions during year:												
First admissions	259	207	466	1,985	1,761	3,746	288	223	511	144	148	292
Readmissions	74	57	131	801	689	1,490	46	27	73	45	36	81
Transfers from other institutions for mental diseases	11	6	17	157	242	399	1	1	2	.....	.....	.....
Total received during year	344	270	614	2,943	2,692	5,635	335	251	586	189	184	373
Total on books during year	1,339	1,193	2,532	11,035	11,095	22,130	1,830	1,417	3,247	872	859	1,731
Discharged from books during year:												
As recovered	49	28	77	243	206	449	4	20	24	12	17	29
As improved	42	39	81	569	490	1,059	74	44	118	41	32	73
As unimproved	25	16	41	683	521	1,204	16	3	19	15	14	29
As without psychosis	32	13	45	281	261	542	1	2	3	12	17	29
Transferred to other institutions for mental diseases	12	4	16	186	254	440	2	1	3	.....	.....	.....
Otherwise discharged	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Died during year	141	105	246	1,030	835	1,865	152	100	252	116	83	199
Total discharged, transferred and died during year	301	205	506	2,992	2,567	5,559	249	170	419	196	163	359
Insane patients remaining on books at end of institution year	1,038	988	2,026	8,043	8,528	16,571	1,581	1,247	2,828	676	696	1,372

Table 1—Movement of patients in state hospitals for mental diseases in twelve states, fiscal year ending in 1919—Concluded

	New York			Rhode Island			South Carolina			South Dakota			Virginia		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Insane patients at beginning of year	18,492	20,280	38,772	891	809	1,700	1,110	1,078	2,188	635	442	1,077	2,597	2,565	5,162
Admissions during year:															
First admissions	3,650	3,279	6,929	174	154	328	415	397	812	142	96	238	707	603	1,310
Readmissions	876	1,042	1,918	40	37	77	105	102	207	6	3	9	127	137	264
Transfers from other institutions for mental diseases	551	659	1,210	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	5	12
Total received during year	5,077	4,980	10,057	214	191	405	520	499	1,019	148	99	247	841	745	1,586
Total on books during year	23,569	25,260	48,829	1,105	1,000	2,105	1,630	1,577	3,207	783	541	1,324	3,438	3,310	6,748
Discharged from books during year:															
As recovered	748	852	1,600	43	38	81	107	108	215	27	20	47	253	242	495
As improved	925	969	1,894	53	35	88	105	114	219	12	11	23	137	168	305
As unimproved	287	216	503	29	19	48	38	25	63	4	13	17	44	27	71
As without psychosis	34	18	52	3	3	6	62	30	92	2	2	4	71	35	106
Transferred to other institutions for mental diseases	539	620	1,159	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	5	8
Otherwise discharged	.....	.....	.....	.....	.....	.....	.....	.....	.....	16	.....	16	.....	.....	.....
Died during year	2,341	2,251	4,592	96	98	194	154	124	278	58	34	92	367	387	754
Total discharged, transferred and died during year	4,874	4,926	9,800	224	193	417	466	401	867	119	80	199	875	864	1,739
Insane patients remaining on books at end of institution year	18,695	20,334	39,029	881	807	1,688	1,164	1,176	2,340	664	461	1,125	2,563	2,446	5,009

Table 2—First admissions to state hospitals for mental diseases in twelve states, classified with reference to psychoses, 1919

Psychoses	Total			Arizona			Colorado			Iowa		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	47	6	53	....	....	....	....	1	1	2	....	2
Senile	841	901	1,742	19	3	22	42	36	78	79	54	133
With cerebral arteriosclerosis	537	307	844	....	....	....	7	4	11	11	1	12
General paralysis	1,226	288	1,514	12	2	14	52	10	62	66	8	74
With cerebral syphilis	83	33	116	2	....	2	1	....	1	6	....	6
With Huntington's chorea	8	11	19	....	....	....	....	....	....	....	2	2
With brain tumor	7	8	15	....	1	1	....	1	1	....	....	....
With other brain or nervous diseases	68	52	120	....	....	....	....	4	4	14	5	19
Alcoholic	572	131	703	....	....	....	2	....	2	25	1	26
Due to drugs and other exogenous toxins	31	36	67	5	2	7	....	2	2	1	2	3
With pellagra	14	48	62	....	1	1	....	....	....	....	....	....
With other somatic diseases	262	415	677	1	....	1	6	5	11	15	23	38
Manic-depressive	922	1,347	2,269	48	10	58	19	33	52	74	109	183
Involution melancholia	123	330	453	....	....	....	3	10	13	27	28	55
Dementia praecox	2,230	2,050	4,280	46	11	57	69	36	105	123	114	237
Paranoia or paranoid conditions	126	140	266	4	....	4	11	5	16	3	3	6
Epileptic psychoses	261	203	464	8	4	12	16	15	31	13	12	25
Psychoneuroses and neuroses	99	173	272	....	....	....	....	1	1	6	12	18
With psychopathic personality	124	86	210	1	2	3	....	....	....	13	....	13
With mental deficiency	268	240	508	21	3	24	7	6	13	20	5	25
Undiagnosed psychoses	335	305	640	....	10	10	....	....	....	5	2	7
Without psychosis	518	364	882	4	1	5	28	5	33	1	1	2
Total	8,702	7,474	16,176	171	50	221	263	174	437	504	382	886

Table 2—First admissions to state hospitals for mental diseases in twelve states, classified with reference to psychoses, 1919—Continued

Psychoses	Maine			Massachusetts			Nebraska			New Hampshire		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	....	2	15	2	17	6	2	8	1	....	1
Senile	15	28	43	105	190	295	53	34	87	20	19	39
With cerebral arteriosclerosis	19	10	29	195	95	290	5	2	7	21	6	27
General paralysis	33	12	45	204	44	248	39	6	45	13	7	20
With cerebral syphilis	1	....	1	27	14	41	5	3	8	....	....	....
With Huntington's chorea	....	....	....	2	4	6	....	....	....	....	....	....
With brain tumor	....	....	....	6	3	9	....	2	2	....	....	....
With other brain or nervous diseases	1	....	1	20	16	36	3	3	6	1	1	2
Alcoholic	17	1	18	241	54	295	6	....	6	15	1	16
Due to drugs and other exogenous toxins	....	....	....	2	1	3	1	....	1	1	2	3
With pellagra	....	....	....	....	10	10	....	....	....	....	....	....
With other somatic diseases	12	11	23	58	79	137	5	7	12	4	10	14
Manic-depressive	35	41	76	99	172	271	35	58	93	22	36	58
Involution melancholia	2	17	19	19	55	74	3	1	4	3	8	11
Dementia praecox	35	26	61	479	501	980	78	68	146	15	22	37
Paranoia or paranoid conditions	5	7	12	23	47	70	4	3	7	1	5	6
Epileptic psychoses	13	10	23	37	33	70	13	13	26	2	3	5
Psychoneuroses and neuroses	3	5	8	29	58	87	11	9	20	4	5	9
With psychopathic personality	....	2	2	17	9	26	7	5	12	....	....	....
With mental deficiency	3	10	13	44	60	104	5	1	6	4	7	11
Undiagnosed psychoses	10	8	18	114	101	215	7	5	12	1	2	3
Without psychosis	53	19	72	249	213	462*	2	1	3	16	14	30
Total	259	207	466	1,985	1,761	3,746	288	223	511	144	148	292

* Includes 37 cases in which no diagnosis was made.

Table 2—First admissions to state hospitals for mental diseases in twelve states, classified with reference to psychoses, 1919—Concluded

Psychoses	New York			Rhode Island			South Carolina			South Dakota			Virginia		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	19	1	20	....	....	....	1	....	1	....	....	....	1	....	1
Senile	325	375	700	17	26	43	57	40	97	21	13	34	88	83	171
With cerebral arteriosclerosis	237	164	401	11	8	19	27	13	40	....	....	....	4	4	8
General paralysis	719	174	893	34	10	44	13	8	21	8	....	8	33	7	40
With cerebral syphilis	16	11	27	2	....	2	2	....	2	5	1	6	16	4	20
With Huntington's chorea	2	5	7	....	....	....	....	....	....	3	....	3	1	....	1
With brain tumor	1	1	2	....	....	....	....	....	....	....	....	....	....	....	....
With other brain or nervous diseases	16	17	33	2	1	3	1	....	1	3	....	3	7	5	12
Alcoholic	216	69	285	17	2	19	6	....	6	....	....	....	27	3	30
Due to drugs and other exogenous toxins	8	13	21	....	2	2	1	....	1	1	2	3	11	10	21
With pellagra	....	3	3	....	....	....	6	20	26	....	....	....	8	14	22
With other somatic diseases	77	211	288	3	6	9	12	6	18	19	18	37	50	39	89
Manic-depressive	358	654	1,012	17	22	39	28	32	60	14	11	25	173	169	342
Involution melancholia	56	205	261	....	....	....	3	3	6	3	2	5	4	1	5
Dementia praecox	1,051	873	1,924	48	41	89	120	163	283	47	31	78	119	164	283
Paranoia or paranoid conditions	63	49	112	....	....	....	2	3	5	2	1	3	8	17	25
Epileptic psychoses	97	82	179	6	6	12	21	7	28	6	5	11	29	13	42
Psychoneuroses and neuroses	36	62	98	1	3	4	1	6	7	2	5	7	6	7	13
With psychopathic personality	81	63	144	1	....	1	....	....	....	....	....	....	4	5	9
With mental deficiency	102	103	205	1	2	3	17	24	41	5	4	9	39	15	54
Undiagnosed psychoses	142	127	269	9	18	27	27	25	52	....	1	1	20	6	26
Without psychosis	28	17	45	5	7	12	70	47	117	3	2	5	59	37	96
Total	3,650	3,279	6,929	174	154	328	415	397	812	142	96	238	707	603	1,310

Table 3—Rates per 100,000 of general population of first admissions to state hospitals for mental diseases in twelve states, classified with reference to principal psychoses, 1919

Psychoses	Total		Arizona		Colorado		Iowa		Maine		Massachusetts	
	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000
Senile	1,742	6.9	22	6.9	78	8.4	133	5.6	43	5.6	295	7.8
With cerebral arteriosclerosis	844	3.3	.....	.....	11	1.2	12	0.5	29	3.8	290	7.6
General paralysis	1,514	6.0	14	4.4	62	6.7	74	3.1	45	5.9	248	6.5
Alcoholic	703	2.8	.....	.....	2	0.2	26	1.1	18	2.4	295	7.8
Manic-depressive	2,269	8.9	58	18.1	52	5.6	183	7.7	76	9.9	271	7.1
Involution melancholia	453	1.8	.....	.....	13	1.4	55	2.3	19	2.5	74	1.9
Dementia praecox	4,280	16.9	57	17.8	105	11.3	237	9.9	61	8.0	980	25.8
Paranoia or paranoid conditions	266	1.0	4	1.2	16	1.7	6	0.3	12	1.6	70	1.8
Epileptic psychoses	464	1.8	12	3.7	31	3.3	25	1.0	23	3.0	70	1.8
Psychoneuroses and neuroses	272	1.1	.....	.....	1	0.1	18	0.8	8	1.0	87	2.3
With psychopathic personality	210	0.8	3	0.9	.....	.....	13	0.5	2	0.3	26	0.7
With mental deficiency	508	2.0	24	7.5	13	1.4	25	1.0	13	1.7	104	2.7
All other psychoses	1,769	7.0	22	6.9	20	2.2	77	3.2	45	5.9	474	12.5
Without psychosis	882	3.5	5	1.6	33	3.6	2	0.1	72	9.4	462*	12.1
Total	16,176	63.8	221	68.9	437	47.2	886	37.1	466	60.9	3,746	98.5

* Includes 37 cases in which no diagnosis was made.

Table 3—Rates per 100,000 of general population of first admissions to state hospitals for mental diseases in twelve states, classified with reference to principal psychoses, 1919—Concluded

Psychoses	Nebraska		New Hampshire		New York		Rhode Island		South Carolina		South Dakota		Virginia	
	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000	Total	Rate per 100,000
Senile	87	6.8	39	8.8	700	6.8	43	7.2	97	5.8	34	5.4	171	7.5
With cerebral arteriosclerosis	7	0.5	27	6.1	401	3.9	19	3.2	40	2.4	.....	.....	8	0.4
General paralysis	45	3.5	20	4.5	893	8.7	44	7.4	21	1.3	8	1.3	40	1.8
Alcoholic	6	0.5	16	3.6	285	2.8	19	3.2	6	0.4	.....	.....	30	1.3
Manic-depressive	93	7.2	58	13.1	1,012	9.9	39	6.5	60	3.6	25	4.0	342	15.0
Involution melancholia	4	0.3	11	2.5	261	2.5	.....	.....	6	0.4	5	0.8	5	0.2
Dementia praecox	146	11.4	37	8.4	1,924	18.8	89	14.9	283	17.0	78	12.4	283	12.4
Paranoia or paranoid conditions	7	0.5	6	1.4	112	1.1	.....	.....	5	0.3	3	0.5	25	1.1
Epileptic psychoses	26	2.0	5	1.1	179	1.7	12	2.0	28	1.7	11	1.7	42	1.8
Psychoneuroses and neuroses	20	1.6	9	2.0	98	1.0	4	0.7	7	0.4	7	1.1	13	0.6
With psychopathic personality	12	0.9	.....	.....	144	1.4	1	0.2	.....	.....	.....	.....	9	0.4
With mental deficiency	6	0.5	11	2.5	205	2.0	3	0.5	41	2.5	9	1.4	54	2.4
All other psychoses	49	3.8	23	5.2	670	6.5	43	7.2	101	6.1	53	8.4	192	8.4
Without psychosis	3	0.2	30	6.8	45	0.4	12	2.0	117	7.0	5	0.8	96	4.2
Total	511	39.7	292	66.1	6,929	67.5	328	54.8	812	48.7	238	37.7	1,310	57.3

Table 4—Per cent distribution of principal psychoses among first admissions to state hospitals for mental diseases in twelve states, 1919*

Psychoses	Total		Arizona		Colorado		Iowa		Maine		Massachusetts	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Senile	1,742	11.4	22	10.2	78	19.3	133	15.1	43	10.9	295	9.0
With cerebral arteriosclerosis	844	5.5	.....	.....	11	2.7	12	1.4	29	7.4	290	8.8
General paralysis	1,514	9.9	14	6.5	62	15.4	74	8.4	45	11.4	248	7.6
Alcoholic	703	4.6	.....	.....	2	0.5	26	2.9	18	4.6	295	9.0
Manic-depressive	2,269	14.8	58	26.9	52	12.9	183	20.7	76	19.3	271	8.3
Involution melancholia	453	3.0	.....	.....	13	3.2	55	6.2	19	4.8	74	2.3
Dementia praecox	4,280	28.0	57	26.4	105	26.0	237	26.8	61	15.5	980	29.8
Paranoia or paranoid conditions	266	1.7	4	1.9	16	4.0	6	0.7	12	3.0	70	2.1
Epileptic psychoses	464	3.0	12	5.6	31	7.8	25	2.8	23	5.8	70	2.1
Psychoneuroses and neuroses	272	1.8	.....	.....	1	0.2	18	2.0	8	2.0	87	2.6
With psychopathic personality	210	1.4	3	1.4	.....	.....	13	1.5	2	0.5	26	0.8
With mental deficiency	508	3.3	24	11.1	13	3.2	25	2.8	13	3.3	104	3.2
All other psychoses	1,769	11.6	22	10.2	20	5.0	77	8.7	45	11.4	474	14.4
Total psychoses	15,294	100.0	216	100.0	404	100.0	884	100.0	394	100.0	3,284	100.0
Without psychosis	882	.....	5	.....	33	.....	2	.....	72	.....	462†	.....
Total	16,176	.....	221	.....	437	.....	886	.....	466	.....	3,746	.....

* First admissions without psychosis are excluded in computing percentages.
† Includes 37 cases in which no diagnosis was made.

Table 4—Per cent distribution of principal psychoses among first admissions to state hospitals for mental diseases in twelve states, 1919—Concluded*

Psychoses	Nebraska		New Hampshire		New York		Rhode Island		South Carolina		South Dakota		Virginia	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Senile	87	17.1	39	14.9	700	10.2	43	13.6	97	14.0	34	14.6	171	14.1
With cerebral arteriosclerosis	7	1.4	27	10.3	401	5.8	19	6.0	40	5.8	.....	.....	8	0.7
General paralysis	45	8.9	20	7.6	893	13.0	44	13.9	21	3.0	8	3.4	40	3.3
Alcoholic	6	1.2	16	6.1	285	4.1	19	6.0	6	0.9	.....	.....	30	2.5
Manic-depressive	93	18.3	58	22.1	1,012	14.7	39	12.3	60	8.6	25	10.7	342	28.2
Involution melancholia	4	0.8	11	4.2	261	3.8	.....	.....	6	0.9	5	2.1	5	0.4
Dementia praecox	146	28.7	37	14.1	1,924	28.0	89	28.2	283	40.7	78	33.5	283	23.3
Paranoia or paranoid conditions	7	1.4	6	2.3	112	1.6	.....	.....	5	0.7	3	1.3	25	2.1
Epileptic psychoses	26	5.1	5	1.9	179	2.6	12	3.8	28	4.0	11	4.7	42	3.5
Psychoneuroses and neuroses	20	3.9	9	3.4	98	1.4	4	1.3	7	1.0	7	3.0	13	1.1
With psychopathic personality	12	2.4	.....	.....	144	2.1	1	0.3	.....	.....	.....	.....	9	0.7
With mental deficiency	6	1.2	11	4.2	205	3.0	3	1.0	41	5.9	9	3.9	54	4.4
All other psychoses	49	9.6	23	8.8	670	9.7	43	13.6	101	14.5	53	22.8	192	15.8
Total psychoses	508	100.0	262	100.0	6,884	100.0	316	100.0	695	100.0	233	100.0	1,214	100.0
Without psychosis	3	.....	30	.....	45	.....	12	.....	117	.....	5	.....	96	.....
Total	511	.....	292	.....	6,929	.....	328	.....	812	.....	238	.....	1,310	.....

* First admissions without psychosis are excluded in computing percentages.

Table 5—Environment of first admissions to state hospitals for mental diseases in nine states, classified with reference to principal psychoses and compared with general population, 1919*

Psychoses	Total				Colorado			
	Urban		Rural		Urban		Rural	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Senile	873	7.2	468	5.4	47	10.5	27	5.7
With cerebral arteriosclerosis	403	3.3	118	1.4	5	1.1	4	0.8
General paralysis	1,041	8.6	178	2.0	33	7.4	28	5.9
Alcoholic	333	2.8	56	0.6	1	0.2	1	0.2
Manic-depressive	1,271	10.5	598	6.8	26	5.8	35	7.3
Involution melancholia	253	2.1	109	1.2	3	0.7	8	1.7
Dementia praecox	2,341	19.4	826	9.5	63	14.1	45	9.4
Paranoia or paranoid conditions	131	1.1	49	0.6	7	1.6	4	0.8
Epileptic psychoses	231	1.9	144	1.6	15	3.3	16	3.4
Psychoneuroses and neuroses	128	1.1	45	0.5	1	0.2	.....	.....
With psychopathic personality	136	1.1	44	0.5	.....	.....	.....	.....
With mental deficiency	224	1.9	139	1.6	5	1.1	6	1.3
All other psychoses	871	7.2	366	4.2	13	2.9	6	1.3
Without psychosis	203	1.7	174	2.0	12	2.7	17	3.6
Total	8,439	69.9	3,314	37.9	231	51.5	197	41.3

* One hundred and eighty-four patients whose environment was unascertained were excluded.

Table 5—Environment of first admissions to state hospitals for mental diseases in nine states, classified with reference to principal psychoses and compared with general population, 1919—Continued*

Psychoses	Iowa				Maine			
	Urban		Rural		Urban		Rural	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Senile	81	9.5	45	2.9	22	7.4	21	4.5
With cerebral arteriosclerosis	6	0.7	6	0.4	12	4.1	17	3.6
General paralysis	59	6.9	14	0.9	26	8.8	19	4.0
Alcoholic	14	1.6	9	0.6	14	4.7	4	0.9
Manic-depressive	101	11.8	76	5.0	38	12.8	38	8.1
Involution melancholia	32	3.7	21	1.4	5	1.7	14	3.0
Dementia praecox	130	15.2	95	6.2	40	13.5	21	4.5
Paranoia or paranoid conditions	3	0.4	2	0.1	2	0.7	10	2.1
Epileptic psychoses	15	1.8	9	0.6	12	4.1	11	2.3
Psychoneuroses and neuroses	10	1.2	7	0.5	5	1.7	3	0.6
With psychopathic personality	8	0.9	5	0.3	1	0.3	1	0.2
With mental deficiency	13	1.5	12	0.8	8	2.7	5	1.1
All other psychoses	44	5.1	33	2.2	18	6.1	27	5.7
Without psychosis	1	0.1	1	0.1	36	12.2	36	7.7
Total	517	60.4	335	21.9	239	80.8	227	48.3

* One hundred and eighty-four patients whose environment was unascertained were excluded.

Table 5—Environment of first admissions to state hospitals for mental diseases in nine states, classified with reference to principal psychoses and compared with general population, 1919—Continued*

Psychoses	Nebraska				New York				Rhode Island			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Senile	29	7.3	40	4.5	551	6.5	136	7.5	39	6.7	4	25.8
With cerebral arteriosclerosis	2	0.5	4	0.4	338	4.0	61	3.4	19	3.3	.....	.....
General paralysis	26	6.6	16	1.8	812	9.6	75	4.1	43	7.4	1	6.5
Alcoholic	6	1.5	.....	.....	257	3.0	28	1.5	18	3.1	1	6.5
Manic-depressive	44	11.1	41	4.6	875	10.4	131	7.2	39	6.7	.....	.....
Involution melancholia	.....	.....	4	0.4	209	2.5	50	2.8	.....	.....	.....	.....
Dementia praecox	72	18.2	64	7.2	1,738	20.6	177	9.8	85	14.6	4	25.8
Paranoia or paranoid conditions	5	1.3	2	0.2	95	1.1	17	0.9	.....	.....	.....	.....
Epileptic psychoses	9	2.3	16	1.8	147	1.7	32	1.8	12	2.1	.....	.....
Psychoneuroses and neuroses	8	2.0	10	1.1	89	1.1	9	0.5	4	0.7	.....	.....
With psychopathic personality	5	1.3	6	0.7	118	1.4	26	1.4	1	0.2	.....	.....
With mental deficiency	1	0.3	3	0.3	172	2.0	32	1.8	3	0.5	.....	.....
All other psychoses	21	5.3	23	2.6	589	7.0	76	4.2	41	7.0	2	12.9
Without psychosis	2	0.5	1	0.1	32	0.4	13	0.7	12	2.1	.....	.....
Total	230	58.1	230	25.8	6,022	71.3	863	47.7	316	54.2	12	77.5

* One hundred and eighty-four patients whose environment was unascertained were excluded.

Table 5—Environment of first admissions to state hospitals for mental diseases in nine states, classified with reference to principal psychoses and compared with general population, 1919—Concluded*

Psychoses	South Carolina				South Dakota				Virginia			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Senile	22	7.7	72	5.2	18	18.1	16	3.0	64	9.8	107	6.6
With cerebral arteriosclerosis	18	6.3	21	1.5	.....	.....	.....	.....	3	0.5	5	0.3
General paralysis	9	3.1	10	0.7	5	5.0	3	0.6	28	4.3	12	0.7
Alcoholic	3	1.0	3	0.2	.....	.....	.....	.....	20	3.1	10	0.6
Manic-depressive	7	2.4	52	3.8	16	16.1	9	1.7	125	19.1	216	13.2
Involution melancholia	1	0.3	5	0.4	2	2.0	3	0.6	1	0.2	4	0.2
Dementia praecox	58	20.2	214	15.5	37	37.2	41	7.7	118	18.0	165	10.1
Paranoia or paranoid conditions	3	1.0	2	0.1	1	1.0	2	0.4	15	2.3	10	0.6
Epileptic psychoses	1	0.3	27	2.0	7	7.0	4	0.8	13	2.0	29	1.8
Psychoneuroses and neuroses	2	0.7	5	0.4	6	6.0	1	0.2	3	0.5	10	0.6
With psychopathic personality	.....	.....	.....	.....	.....	.....	.....	.....	3	0.5	6	0.4
With mental deficiency	3	1.0	37	2.7	5	5.0	4	0.8	14	2.1	40	2.5
All other psychoses	30	10.5	69	5.0	27	27.2	26	4.9	88	13.5	104	6.4
Without psychosis	46	16.0	68	4.9	3	3.0	2	0.4	59	9.0	36	2.2
Total	203	70.7	585	42.4	127	127.8	111	20.9	554	84.7	754	46.3

* One hundred and eighty-four patients whose environment was unascertained were excluded.

Table 6—Per cent distribution of first admissions to state hospitals for mental diseases in twelve states for the fiscal year 1919, classified according to marital condition in the principal psychoses

Psychoses	Total				Single				Married			
	Males		Females		Males		Females		Males		Females	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Senile	841	100.0	901	100.0	129	15.3	147	16.3	372	44.2	209	23.2
With cerebral arteriosclerosis	537	100.0	307	100.0	76	14.2	52	16.9	295	54.9	95	30.9
General paralysis	1,227	100.0	289	100.0	321	26.2	47	16.3	735	59.9	156	54.0
Alcoholic	572	100.0	131	100.0	254	44.4	15	11.5	235	41.1	78	59.5
Manic-depressive	926	100.0	1,354	100.0	424	45.8	386	28.5	418	45.1	807	59.6
Involution melancholia	123	100.0	330	100.0	26	21.1	59	17.9	80	65.0	177	53.6
Dementia praecox	2,232	100.0	2,053	100.0	1,649	73.9	919	44.8	454	20.3	887	43.2
Paranoia or paranoid conditions	126	100.0	140	100.0	45	35.7	36	25.7	61	48.4	65	46.4
Epileptic psychoses	262	100.0	204	100.0	177	67.6	101	49.5	60	22.9	65	31.9
Psychoneuroses and neuroses	99	100.0	173	100.0	50	50.5	64	37.0	44	44.4	84	48.6
With psychopathic personality	124	100.0	86	100.0	79	63.7	50	58.1	37	29.8	26	30.2
With mental deficiency	268	100.0	240	100.0	235	87.7	159	66.3	24	9.0	60	25.0
All other psychoses	855	100.0	914	100.0	328	38.4	203	22.2	415	48.5	534	58.4
Total psychoses	8,192	100.0	7,122	100.0	3,793	46.3	2,238	31.4	3,230	39.4	3,243	45.5
Without psychosis	518	100.0	364	100.0	306	59.1	178	48.9	159	30.7	135	37.1
Total	8,710	100.0	7,486	100.0	4,099	47.1	2,416	32.3	3,389	38.9	3,378	45.1

Table 6—Per cent distribution of first admissions to state hospitals for mental diseases in twelve states for the fiscal year 1919, classified according to marital condition in the principal psychoses—Concluded

Psychoses	Widowed				Separated				Divorced				Unascertained			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Senile	298	35.4	505	56.0	15	1.8	11	1.2	11	1.3	9	1.0	16	1.9	20	2.2
With cerebral arteriosclerosis	138	25.7	147	47.9	10	1.9	4	1.3	8	1.5	.....	.....	10	1.9	9	2.9
General paralysis	97	7.9	55	19.0	27	2.2	11	3.8	22	1.8	12	4.2	25	2.0	8	2.8
Alcoholic	50	8.7	32	24.4	12	2.1	4	3.1	15	2.6	1	0.8	6	1.0	1	0.8
Manic-depressive	44	4.8	115	8.5	14	1.5	20	1.5	6	0.7	10	0.7	20	2.2	16	1.2
Involution melancholia	14	11.4	81	24.5	2	1.6	6	1.8	1	0.8	3	0.9	.....	.....	4	1.2
Dementia praecox	44	2.0	139	6.8	23	1.0	41	2.0	14	0.6	30	1.5	48	2.2	37	1.8
Paranoia or paranoid conditions	8	6.3	31	22.1	3	2.4	6	4.3	4	3.2	1	0.7	5	4.0	1	0.7
Epileptic psychoses	12	4.6	25	12.3	5	1.9	4	2.0	3	1.1	1	0.5	5	1.9	8	3.9
Psychoneuroses and neuroses	2	2.0	16	9.2	1	1.0	5	2.9	1	1.0	3	1.7	1	1.0	1	0.6
With psychopathic personality	3	2.4	9	10.5	3	2.4	1	1.2	2	1.6	.....	.....	.....	.....	.....	.....
With mental deficiency	5	1.9	12	5.0	.....	.....	4	1.7	1	0.4	3	1.3	3	1.1	2	0.8
All other psychoses	66	7.7	135	14.8	11	1.3	8	0.9	11	1.3	10	1.1	24	2.8	24	2.6
Total psychoses	781	9.5	1,302	18.3	126	1.5	125	1.8	99	1.2	83	1.2	163	2.0	131	1.8
Without psychosis	24	4.6	33	9.1	7	1.4	4	1.1	12	2.3	9	2.5	10	1.9	5	1.4
Total	805	9.2	1,335	17.8	133	1.5	129	1.7	111	1.3	92	1.2	173	2.0	136	1.8

Table 7—Use of alcohol by first admissions to state hospitals for mental diseases in nine states, classified with reference to principal psychoses, 1919

Psychoses	Total			Colorado*			Iowa			Maine			Massachusetts		
	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained
Senile	1,117	130	214	63	9	6	93	12	28	38	1	4	234	24	36
With cerebral arteriosclerosis	633	105	91	8	1	2	7	.....	5	21	6	2	234	36	20
General paralysis	941	316	159	38	15	11	47	15	12	25	18	2	182	54	12
Alcoholic	.....	667	.....	.....	2	.....	.....	26	.....	.....	18	.....	.....	295	.....
Manic-depressive	1,555	114	118	57	1	5	143	15	25	67	8	1	240	20	11
Involution melancholia	402	21	21	12	1	.....	47	4	4	19	.....	.....	67	1	6
Dementia praecox	3,106	331	361	83	8	19	175	23	39	45	6	10	827	90	62
Paranoia or paranoid conditions	191	26	14	15	1	.....	4	.....	2	8	1	3	60	7	4
Epileptic psychoses	324	38	24	28	1	4	18	1	6	21	2	.....	60	10	.....
Psychoneuroses and neuroses	225	10	4	1	.....	.....	17	1	.....	8	.....	.....	85	1	1
With psychopathic personality	149	27	10	.....	.....	.....	9	1	3	1	1	.....	19	6	1
With mental deficiency	343	43	41	13	.....	.....	17	.....	8	12	.....	1	89	13	5
All other psychoses	1,190	175	142	16	3	1	59	10	8	32	11	2	382	57	35
Without psychosis†	601	142	33	31	2	.....	1	.....	1	46	21	5	371	73	16
Total	10,777	2,145	1,232	365	44	48	637	108	141	343	93	30	2,850	687	209

* Includes 20 readmissions
† Includes 37 cases in Massachusetts in which no diagnosis was made.

Table 7—Use of alcohol by first admissions to state hospitals for mental diseases in nine states, classified with reference to principal psychoses, 1919—Concluded

Psychoses	New Hampshire			New York			Rhode Island			South Carolina			South Dakota		
	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained	Abstinent or temperate	Intemperate	Unascertained
Senile	30	4	5	504	76	120	39	.....	4	86	.....	11	30	4	.....
With cerebral arteriosclerosis	15	3	9	300	55	46	15	1	3	33	3	4	.....	.....	.....
General paralysis	14	3	2	587	191	115	28	13	3	15	4	2	5	3	.....
Alcoholic	.....	16	.....	.....	285	.....	.....	19	.....	.....	6	.....	.....	.....	.....
Manic-depressive	45	2	11	893	62	57	34	2	3	54	1	5	22	3	.....
Involution melancholia	8	1	2	239	14	8	.....	.....	.....	5	.....	1	5	.....	.....
Dementia praecox	28	1	8	1,559	183	182	78	6	5	237	10	36	74	4	.....
Paranoia or paranoid conditions	5	.....	1	93	16	3	.....	.....	.....	4	.....	1	2	1	.....
Epileptic psychoses	4	1	.....	149	18	12	10	1	1	26	1	1	8	3	.....
Psychoneuroses and neuroses	8	1	.....	89	6	3	4	.....	.....	6	1	.....	7	.....	.....
With psychopathic personality	.....	.....	.....	119	19	6	1	.....	.....	.....	.....	.....	.....	.....	.....
With mental deficiency	7	2	2	160	25	20	2	1	.....	34	2	5	9	.....	.....
All other psychoses	16	.....	8	526	76	68	34	4	5	80	7	14	45	7	1
Without psychosis	22	4	4	37	8	.....	8	4	.....	83	28	6	2	2	1
Total	202	38	52	5,255	1,034	640	253	51	24	663	63	86	209	27	2

Table 8—Readmissions to state hospitals for mental diseases in eleven states, classified with reference to psychoses, 1919

Psychoses	Total	Arizona	Colorado	Iowa	Maine	Massachusetts	Nebraska	New Hampshire	New York	Rhode Island	South Carolina	South Dakota
Traumatic	1								1			
Senile	79			6		26	6		30	2	9	
With cerebral arteriosclerosis	86			2	2	39	1	3	36	1	2	
General paralysis	226		2	4	6	102	1	1	103	4	2	1
With cerebral syphilis	18					13	1		3		1	
With Huntington's chorea	3								2		1	
With brain tumor	1					1						
With other brain or nervous diseases	11			1		8			2			
Alcoholic	170			3	3	96	2	5	57	4		
Due to drugs and other exogenous toxins	10			1		5			3	1		
With pellagra	3								2		1	
With other somatic diseases	33			2	1	14		3	12		1	
Manic-depressive	1,340	8	11	80	60	310	29	33	741	24	44	
Involution melancholia	114			12		36		3	61		1	1
Dementia praecox	1,375	4	5	60	20	553	26	17	561	35	88	6
Paranoia or paranoid conditions	71			4		37		2	28			
Epileptic psychoses	101		2	6	7	35	2	5	32	2	9	1
Psychoneuroses and neuroses	73				1	26	1	2	43			
With psychopathic personality	113			1	3	15	3		91			
With mental deficiency	126	2		6	5	41			59		13	
Undiagnosed psychoses	110			1	2	58			39	2	8	
Without psychosis	148	3			21	75*	1	7	12	2	27	
Total	4,212	17	20	189	131	1,490	73	81	1,918	77	207	9

* Includes 6 cases in which no diagnosis was made.

Table 9—Discharges of patients from state hospitals for mental diseases in eleven states, classified with reference to psychoses and condition on discharge, 1919

Psychoses	Total				Arizona			Colorado			Maine		
	Total	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise
Senile	215	10	109	96	.....	5	.....	.....	.....	.....	.....	.....	2
With cerebral arteriosclerosis	194	19	95	80	.....	.....	.....	1	.....	.....	.....	3	1
General paralysis	328	1	151	176	.....	3	1	.....	4	2	.....	2	4
Alcoholic	788	434	287	67	.....	5	.....	2	.....	.....	11	5	2
Manic-depressive	2,506	1,589	739	178	18	19	2	10	3	.....	56	16	3
Involution melancholia	225	84	90	51	.....	.....	.....	.....	.....	.....	.....	3	1
Dementia praecox	2,549	135	1,581	833	7	32	6	1	8	.....	.....	24	12
Paranoia or paranoid conditions	229	18	130	81	.....	2	.....	.....	.....	.....	.....	6	1
Epileptic psychoses	249	31	126	92	.....	4	.....	.....	.....	.....	.....	4	6
Psychoneuroses and neuroses	300	88	125	87	.....	.....	.....	1	.....	.....	1	6	3
With psychopathic personality	235	123	94	18	.....	4	.....	1	.....	.....	.....	1	.....
With mental deficiency	362	144	152	66	.....	8	5	.....	2	.....	.....	5	7
All other psychoses	956	397	295	264	13	15	1	2	.....	.....	9	6	3
Without psychosis	814	.....	.....	814	.....	.....	1	.....	.....	3	.....	.....	41
Total	9,950	3,073	3,974	2,903	38	97	16	18	17	5	77	81	86

Table 9—Discharges of patients from state hospitals for mental diseases in eleven states, classified with reference to psychoses and condition on discharge, 1919—Continued

Psychoses	Massachusetts			Nebraska			New Hampshire			New York		
	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise
Senile	.....	23	39	.....	6	7	.....	5	2	1	54	20
With cerebral arteriosclerosis	2	33	52	.....	2	1	.....	1	1	15	45	20
General paralysis	.....	36	100	.....	4	1	.....	2	.....	.....	87	59
Alcoholic	173	128	56	.....	3	.....	3	9	.....	183	121	8
Manic-depressive	164	162	103	16	36	1	21	21	4	837	348	55
Involution melancholia	15	18	30	.....	2	1	.....	5	3	64	58	14
Dementia praecox	22	409	480	1	39	1	1	12	10	63	754	236
Paranoia or paranoid conditions	1	30	49	.....	5	.....	.....	3	2	10	71	17
Epileptic psychoses	7	26	47	.....	5	4	.....	6	1	18	46	10
Psychoneuroses and neuroses	12	36	62	2	.....	.....	.....	5	3	57	65	16
With psychopathic personality	.....	10	7	1	4	.....	.....	.....	.....	113	69	10
With mental deficiency	1	53	28	.....	4	2	.....	.....	1	87	59	9
All other psychoses	52	95	215	4	8	1	4	4	2	152	117	29
Without psychosis	.....	.....	478†	.....	.....	3	.....	.....	29	.....	.....	52
Total	449	1,059	1,746	24	118	22	29	73	58	1,600	1,894	555

† Includes 37 cases in which no diagnosis was made.

Table 9—Discharges of patients from state hospitals for mental diseases in eleven states, classified with reference to psychoses and condition on discharge, 1919—Concluded

Psychoses	Rhode Island			South Carolina			South Dakota			Virginia		
	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise	Recovered	Improved	Otherwise
Senile	.....	.....	5	.....	12	6	4	1	1	5	3	14
With cerebral arteriosclerosis	.....	2	3	1	6	2	.....	.....	.....	.....	3	.....
General paralysis	.....	3	3	.....	3	2	.....	1	.....	1	6	4
Alcoholic	33	11	.....	3	2	1	1	.....	.....	25	3	.....
Manic-depressive	37	9	2	117	.....	.....	10	2	2	303	123	6
Involution melancholia	.....	.....	.....	.....	1	1	2	3	.....	3	.....	1
Dementia praecox	.....	35	24	.....	146	26	4	7	11	36	115	27
Paranoia or paranoid conditions	.....	1	.....	1	4	1	1	.....	.....	5	8	11
Epileptic psychoses	.....	4	6	3	16	11	.....	3	2	3	12	5
Psychoneuroses and neuroses	1	5	.....	2	5	3	5	1	.....	7	2	.....
With psychopathic personality	.....	4	1	6	.....	.....	1	1	.....	1	1	.....
With mental deficiency	.....	3	.....	53	10	4	2	.....	.....	1	8	10
All other psychoses	10	11	4	29	14	6	17	4	1	105	21	2
Without psychosis	.....	.....	6	.....	.....	92	.....	.....	4	.....	.....	105
Total	81	88	54	215	219	155	47	23	21	495	305	185*

* Includes 8 transfers.

Table 10—Deaths of patients in state hospitals for mental diseases in twelve states, classified with reference to psychoses, 1919

Psychoses	Total			Arizona			Colorado			Iowa		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	739	823	1,562	15	1	16	33	21	54	70	42	112
With cerebral arteriosclerosis	462	309	771	.....	.....	.....	9	4	13	5	3	8
General paralysis	1,126	301	1,427	16	4	20	39	9	48	60	8	68
Alcoholic	176	59	235	.....	.....	.....	1	.....	1	5	1	6
Manic-depressive	332	562	894	12	7	19	14	19	33	23	57	80
Involution melancholia	84	161	245	.....	.....	.....	1	3	4	14	17	31
Dementia praecox	1,169	1,287	2,456	15	4	19	12	6	18	57	35	92
Paranoia or paranoid conditions	63	63	126	2	.....	2	2	1	3	2	2	4
Epileptic psychoses	276	196	472	10	1	11	17	16	33	31	16	47
Psychoneuroses and neuroses	10	11	21	.....	.....	.....	2	.....	2	2	.....	2
With psychopathic personality	18	19	37	4	1	5	.....	.....	.....	1	.....	1
With mental deficiency	139	140	279	3	.....	3	.....	1	1	10	6	16
All other psychoses	335	379	714	5	3	8	4	5	9	19	16	35
Without psychosis	51	29	80	.....	.....	.....	10	3	13	.....	.....	.....
Total	4,980	4,329	9,309	82	21	103	144	88	232	299	203	502

Table 10—Deaths of patients in state hospitals for mental diseases in twelve states, classified with reference to psychoses, 1919—Continued

Psychoses	Maine			Massachusetts			Nebraska			New Hampshire		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	21	20	41	102	161	263	49	28	77	24	20	44
With cerebral arteriosclerosis	15	11	26	167	94	261	3	1	4	22	5	27
General paralysis	29	15	44	190	39	229	27	7	34	17	8	25
Alcoholic	2	.....	2	67	23	90	2	.....	2	7	1	8
Manic-depressive	19	16	35	36	65	101	26	27	53	1	13	14
Involution melancholia	.....	4	4	13	28	41	2	3	5	2	3	5
Dementia praecox	19	13	32	280	277	557	8	21	29	22	16	38
Paranoia or paranoid conditions	2	1	3	6	6	12	4	.....	4	1	.....	1
Epileptic psychoses	13	4	17	28	20	48	13	6	19	9	4	13
Psychoneuroses and neuroses	.....	.....	.....	.....	4	4	2	1	3	.....	.....	.....
With psychopathic personality	1	.....	1	3	1	4	1	1	2	.....	.....	.....
With mental deficiency	3	5	8	27	28	55	3	1	4	1	1	2
All other psychoses	11	12	23	89	84	173	12	4	16	4	10	14
Without psychosis	6	4	10	22	5	27	.....	.....	.....	6	2	8
Total	141	105	246	1,030	835	1,865	152	100	252	116	83	199

Table 10—Deaths of patients in state hospitals for mental diseases in twelve states, classified with reference to psychoses, 1919—Concluded

Psychoses	New York			Rhode Island			South Carolina			South Dakota			Virginia		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	274	383	657	14	20	34	43	29	72	15	11	26	79	87	166
With cerebral arteriosclerosis	202	158	360	5	9	14	25	7	32	....	....	....	9	17	26
General paralysis	657	187	844	21	10	31	15	5	20	12	1	13	43	8	51
Alcoholic	80	32	112	6	2	8	....	....	....	....	....	....	6	....	6
Manic-depressive	107	232	339	4	12	16	11	9	20	2	2	4	77	103	180
Involution melancholia	49	100	149	....	....	....	....	....	....	1	2	3	2	1	3
Dementia praecox	629	771	1,400	31	27	58	18	25	43	20	15	35	58	77	135
Paranoia or paranoid conditions	33	42	75	....	1	1	....	....	....	....	....	....	11	10	21
Epileptic psychoses	114	80	194	5	7	12	10	7	17	1	....	1	25	25	50
Psychoneuroses and neuroses	3	6	9	....	....	....	....	....	....	....	....	....	1	....	1
With psychopathic personality	7	15	22	1	....	1	....	1	1	....	....	....	....	....	....
With mental deficiency	62	75	137	3	....	3	5	3	8	....	1	1	22	19	41
All other psychoses	123	168	291	5	8	13	22	27	49	7	2	9	34	40	74
Without psychosis	1	2	3	1	2	3	5	11	16	....	....	....	....	....	....
Total	2,341	2,251	4,592	96	98	194	154	124	278	58	34	92	367	387	754

ABSTRACTS

THE CARE AND TREATMENT OF THE INSANE IN MISSOURI. By S. W. Hamilton, M.D. *Monthly Bulletin*, Missouri State Board of Charities and Corrections, September, 1920. 172 p.

This is the report of an investigation recently conducted by Dr. Hamilton, of the National Committee for Mental Hygiene, in response to a request from Governor Frederick P. Gardner that the National Committee make a mental-hygiene survey of the state of Missouri. The care of the insane was taken up first and five months were spent in gathering the facts presented in Dr. Hamilton's report. [A separate survey of the care of the feebleminded in Missouri has since been made by Dr. Thomas H. Haines, Field Consultant of the National Committee for Mental Hygiene. See page 391.] Dr. Hamilton's report contains detailed information with regard to every public and private institution in the state in which the insane are to be found, including jails and almshouses. Dr. Hamilton was assisted by Dr. Clesson C. Atherton, of Peoria State Hospital, and Dr. Paul J. Ewerhardt, of Chicago State Hospital, and every effort to facilitate the work was made not only by Governor Gardner, but by the Organizing Committee of the Missouri Society for Mental Hygiene, the state board of health, the state board of charities and corrections, the staff of the state auditor, and many public-spirited citizens who were interested in improving conditions for the victims of mental disease.

Dr. Hamilton's main criticism of the situation in Missouri is directed against the policy that makes the county rather than the state responsible for the maintenance of the insane. Missouri is one of only six states that still throw the burden of supporting the insane upon the county. In 1918 the state contributed only 7 per cent of the cost of the maintenance of the insane, and its entire outlay for the insane and feebleminded together was less than 3 per cent of its expenditures. The most unfortunate result of such a policy, Dr. Hamilton says, is the detention of the insane in county almshouses. Among the more progressive counties this practice has already been discontinued, but as long as it is cheaper for a county to support its insane as paupers than to pay for their maintenance in a state hospital as patients there will be county officials willing to put the financial interest of the taxpayer above the welfare of the mentally sick. According to the findings of the survey, there are 285 mentally diseased persons now in almshouses in Missouri, some of them distressingly neglected and none of them receiving the care and treatment demanded by their

condition. Complete state care of the insane in state institutions at state expense is the only practicable remedy for this situation.

Another reform strongly advocated by Dr. Hamilton is the abolition of the spoils system in the state hospitals for the insane, making tenure of office absolutely independent of political considerations. To illustrate the evils of the present plan, he cites the fact that since 1900 the four state hospitals have had twenty-eight superintendents, only four of whom served as long as five years. Such a system, he says, makes impossible a settled policy and a really progressive program.

He urges also the establishment of a state commission to have supervision of all the insane in the state, those in private as well as those in public institutions; a better organization of the state hospitals, giving the superintendents entire authority in the appointment and removal of their subordinates and making wages and salaries commensurate with the responsibilities carried; and better commitment laws, providing for voluntary admission to state hospitals, for emergency commitment, and for commitment for observation, and relieving the insane from appearance in court except by their own request.

THE TRAINING AND CARE OF FEEBLEMINDED PERSONS IN MISSOURI. By Thomas H. Haines, M.D. *Monthly Bulletin*, State Board of Charities and Corrections, January, 1921. 26 p.

The survey, still uncompleted, of which this is the preliminary report, constitutes the second step in the mental-hygiene survey of Missouri undertaken by the National Committee for Mental Hygiene in 1919 at the request of Governor Gardner. The first step was the survey by Dr. Samuel W. Hamilton of conditions with regard to the insane. (See page 390.)

Estimates as to the number of feebleminded in Missouri based upon existing statistics vary widely. In 1916 Dr. J. E. W. Wallin, Director of the Psycho-educational Clinic of St. Louis, found 333 feebleminded children in a school population of 80,000—that is, about 4 to a thousand. The school population of Missouri in the year ending June, 1919, was 814,000. On the basis of Dr. Wallin's figures, this would give upwards of 3,600 feebleminded children in the school population. On this same basis, the number of feebleminded in the total population of the state in that year would be upwards of 13,000. On the basis of the army figures, which show a considerably higher quota of feebleminded for Missouri than for the country as a whole, these estimates would be increased about 75 per cent, giving more than 6,000 feebleminded of school age and more than 21,000 in the total population.

The actual figures obtained thus far in the mental-hygiene survey are as follows:

Dr. Hamilton, in his survey of the county almshouses of the state, found 443 congenital mental defectives—21.5 per cent of an aggregate population of 2,058. The extent to which propagation of the mental defectives in these almshouses is permitted may be judged from the fact that Dr. Hamilton mentions 19 instances of such propagation, though his report is concerned only incidentally with the feebleminded.

At the time of writing, Dr. Haines' survey included three orphanages in and around St. Louis; three state institutions for juvenile delinquents—the Missouri Reformatory, the Industrial Home for Girls at Chillicothe, and the Industrial Home for Negro Girls at Tipton; two city institutions for delinquents—Bellefontaine Farms, the St. Louis training school for boys, and the St. Louis Workhouse; the Missouri School for the Blind; and a number of public schools, both in small cities and in rural districts.

In the three orphanages, with a total population of 408, 16 feebleminded children were found and 22 border-line cases. Assuming that half of the 22 will eventually turn out to be feebleminded, Dr. Haines puts the number of feebleminded in these orphanages at 27—6.6 per cent of the total population. This is a small percentage compared with the figures obtained in orphanages in other states, but if even this percentage holds throughout Missouri's institutions for dependent children, there are more than 250 feebleminded among the upwards of 4,000 children in such institutions.

Of the 864 boys and girls in the state institutions for juvenile delinquents, 88 were found to be feebleminded and 74 of border-line intelligence. On the assumption that half of these latter will eventually prove feebleminded, it may be said that over 14 per cent of these juvenile delinquents are misplaced, since they are unable to profit by the discipline of a reformatory. This is true also of the defective delinquents in the city institutions. Among the 186 boys at the Farms, 10 were feebleminded and 21 of border-line intelligence, while there were 12 feebleminded persons and 8 border-line cases among the 145 inmates of the workhouse. These people will be no better fitted for life in the community at the end of their term than at the beginning; provision for their permanent custody is society's only defense against them.

Group intelligence tests at the Missouri School for the Blind in St. Louis have not yet been completed, but it seems probable that about 6 per cent of the children there are feebleminded. Not only is the costly education that they are receiving wasted upon them, but they are taking the places of children who would profit by that education.

In the public-school surveys, the best and the poorest school popula-

tions in each county were selected for study. Dr. Haines reports the results of two such surveys in central Missouri. In one county seven schools were visited. Of the 333 children in those schools, 23, or nearly 7 per cent, were classed as feebleminded. If this percentage holds throughout the entire school population (3,400) of this county, there are upwards of 200 feebleminded children in that school population. In the other county, situated in a better farming district, about 4 per cent of the children in the five schools visited were found to be feebleminded—5 in a total population of 126. These public-school surveys are being continued in other parts of the state.

The report closes with the following recommendations:

1. That the Missouri Colony for Feebleminded and Epileptics be enlarged to provide for 2,000 patients, with separate farm colonies for older boys and separate cottages for epileptics, idiots, and colored persons.

2. That a commitment law be enacted giving exclusive jurisdiction in cases of mental deficiency to circuit and juvenile courts and providing that discharge and parole shall be by the superintendent and board of managers or by the court committing, this provision to apply also to minors who are admitted by the superintendent upon the application of parents or guardians.

"3. That there be organized a traveling mental-hygiene clinic to be charged with making careful studies of children who are problems before courts or in schools, either by troublesome conduct and behavior or by failure to develop normally and progress properly in education. In order to be broadly useful, this clinic must be equipped to study the problems of childhood from every angle. This clinic must be able to bring to bear upon these case studies every kind of knowledge we possess concerning the development of mind and body. The clinic will study children who are nervous or neurotic, children who have pathological trends in the fields of emotion and volition, and children who are backward in the development of intelligence. It will use our knowledge of clinical psychology. It will have at its command psychiatrically trained social workers and it will be directed by a psychiatrist, either directly or through the state commission or bureau under which it is organized.

"4. That there shall be authorized and established some central agency for the supervision and direction, in the community, of such feebleminded persons, persons who, after school life, either do not need or cannot receive custody in a state institution. Such an agency will provide suitable employment and arrange proper home environments. It will visit such cases frequently and see that proper environing conditions prevail. It must be closely linked in its activities

with the traveling clinic for schools and courts. Its work will be indicated by the facts ascertained by the clinic. It is literally to be the follow-up agent.

"5. That a state commissioner of mental hygiene, or a bureau of mental hygiene, shall be provided for and that this commission or bureau shall be given charge of:

(1) state institutions for the feebleminded,
(2) clinics for the study of aberrant children, and
(3) supervision and care of the feebleminded in the community after school life, to prevent their propagation and delinquencies.

"We recommend, on grounds of efficiency and economy, that the organization and direction of these lines of work for the training and care of the feebleminded shall be put under the same management as that recommended for the direction and control of the state hospitals for the insane, in the report on the *Care and Treatment of the Insane in Missouri*. One commissioner or one bureau of mental hygiene can effect economies in each field and can economize by combining the two interests in much of the clinical and after-care work recommended. The introduction of much needed efficiency in the work, both with the insane and with the feebleminded, depends upon the application of the principles of preventive medicine in the field of mental medicine. Both lines require a well-trained psychiatrist."

THE DRUG HABIT IN THE UNITED STATES. By Pearce Bailey, M.D. *The New Republic*, 26:67-9, March 16, 1921.

Wild rumors have been current during and since the war as to the extent of drug addiction in the United States as revealed by the mobilization. Dr. Bailey gives here the actual facts with regard to drug addiction in the army and the conclusions that can be drawn from them as to the number of addicts in the country.

It should be stated in the first place that the military authorities were actively opposed to the enlistment of drug addicts. Alcoholic inebriates they were often willing to accept, since the drinking man improves with abstinence. The drug addict, on the contrary, goes to pieces if he cannot get his drug. Consequently practically all cases of drug addiction that came to the attention of the authorities were rejected or discharged.

There were three points at which such cases could come to light—at the draft boards, at home camps, and in France. At the draft boards the total number of addicts discovered was 1,000 and at the camps and recruiting depots 2,120—3,120 in all among the approxi-

mately 3,500,000 men examined. Very few cases were reported in France.

The fact that all drafted men had to pass two sets of examinations and then to keep fit for six months before being sent over-seas makes it extremely improbable that many drug addicts escaped detection by the authorities. The addict cannot keep fit without a constant supply of his drug. While it is difficult to be positive in regard to such underground matters as drug traffic, Dr. Bailey is convinced that very little of such traffic was carried on in the home camps. Few instances of it came to light, though both the military and the civil police were on the alert for it. It is conceivable, however, that drugs were obtained by addicts in camps in this country. But it is inconceivable that such should have been the case in France, three thousand miles from the base of supply. Yet the hospital reports of the A. E. F. record only 70 cases of drug addiction admitted during the years 1917-19. The suggestion that large numbers of addicts may have "suffered it out"—that is, have endured the intense suffering that follows deprivation of the drug without seeking medical aid—is one that few who know drug addicts would accept. Self-cures of this kind are not unheard of, but they are very rare.

"What inferences can be drawn as to the number of drug addicts in the country from the 3,120 which represent the total culling of 3,500,000 men examined during the mobilization? Assuming that under stress the total of men falling within military age would have been 10,000,000, or three times the number of men actually examined, other things being equal, there would have been found 9,360 drug addicts. It is believed that that number would have represented more than the bulk of the male drug addicts in the country. Such a statement is vouched for by the age periods in which drug addiction occurs. It is an affair of youth—much more so than alcoholism is.

"According to the neuropsychiatric statistics of the army, 83.2 per cent were found between the ages of twenty and thirty, although Negroes averaged somewhat older. Addicts are younger than alcoholics, of whom the percentage falling in the same age period was 37.1 per cent. These figures as to youth bear out civil experience. Wherever drug addicts occur in large numbers, they collect in gangs. The members of these gangs know each other, congregate, and evolve a special vocabulary of their own. . . . Since the enactment of the anti-narcotic laws, gang formation has become particularly necessary to insure a constant supply of 'goods.' Now the members of these gangs are almost always young men. In the round-ups which take place from time to time, only here and there is observed any one more than thirty-five years of age. The majority of them are about the same age as those found in the army.

"In considering the total number of addicts in the country, women must be counted, but as to them no figures exist. The number of them is, however, in all probability far below the number of men, as women have little tendency to form gangs."

It is not Dr. Bailey's purpose to minimize the importance of drug addiction as a social problem, but he believes it to be a sectional rather than a national problem. The neuropsychiatric statistics, which recorded not only cases rejected at once, but also those who broke down after the supply of drug they brought with them to camp was exhausted, show that nearly one-half of all cases came from New York, California, Pennsylvania, Missouri, and Ohio. "More than one-fourth of all cases came from New York, more than from any other state, and consequently drug addiction is a more important problem in New York than anywhere else in the United States. The variations in the intensity of this nuisance in different parts of the country are due partly to conditions which make smuggling easy . . . and partly to the ingenuity displayed in different sections in evading the laws which are intended to limit the possession and sale of habit-forming drugs.

"One of the difficulties in the way of meeting the situation has been that drug addiction has too long been considered a medical problem. It is that secondarily only. On the theory of its being a medical problem and in order to minimize the suffering due to withdrawal, drug addicts have been 'registered,' and when registered have been allowed to receive opium derivatives in presumably decreasing doses. The doors were thus thrown open for addicts to supplement their supply and for persons who were not addicts to register, and thus to obtain morphine at reduced prices, which they afterwards sell.

"The problem is not one to be handled by the boards of health or by special commissions, but by the Internal Revenue Department, which should check up all sales by the municipal police and by the local and federal courts. It is difficult to believe that energetic measures could not stamp this evil out of New York."

BOOK REVIEWS

THE STORY OF A STYLE. By William Bayard Hale. New York: B. W. Huebsch, Inc., 1920. 303 p.

Psychoanalysis originated as a method of investigating the origin of psychoneurotic symptoms. It was soon found that these symptoms were related to the personal characteristics of the patients being treated, and much light was thrown on the psychology of dreams and other imaginative processes as well. A natural development of this was the application of psychoanalytic principles to the interpretation of artistic creations, particularly in literature. If the human psyche developed with as great a uniformity as does the body, the conclusions of such interpretations would be as valid and as accurate as we presume the paleontological reconstruction from fossil remains to be. Unfortunately the elements entering into the structure of the personality are so numerous and their relative importance so varied that it is impossible to reconstruct the character of an author with certitude from the study of those psychological fossils, his literary creations. Nevertheless, such studies are suggestive, and when taken into conjunction with other data, may justify conclusions of fair reliability. Without accessory data, however, the speculations are worth no more than a diagnosis based on a newspaper report of symptoms. They may be privately amusing, but from a scientific standpoint they are negligible or pernicious.

In this book the author attempts an analysis, not of the matter, but of the style in speaking and writing, of Woodrow Wilson. No professional psychoanalyst would be likely to call this "a psychoanalytic study," as does the publisher, but the method of approach has presumably been learned from such psychoanalytic literature as reaches the layman. The character of Mr. Wilson has been as great an enigma to those who know him personally as to the great mass of the public who have made his acquaintance only in the daily press. He is a man who has met with brief, but marvelous success, and in the midst of it has suddenly tumbled from his pedestal, not even sympathy for his illness preventing many people from scornful exultation over his collapse. What led to his eminence and what to his fall? Were the same characteristics responsible for both? Did he change or did public sentiment? Answers to these questions would teach us much about individual psychology and social phenomena. What does Mr. Hale offer us?

In his first chapter, *Prophetic Symptoms*, he analyzes the style of Wilson's early literary productions, beginning with an article published in 1879. He notes that one word in every three and three-fifths words is an adjective, while there are thirty adjectives to every pure verb. With the latter proportion, he compares that found in the writings of twenty-one recognized masters of prose. Not one of those used as many adjectives as verbs and the average proportion was thirteen pure verbs to four and a half adjectives. Verbs connote action, while adjectives qualify, limit, and often retard thought. In fact, "they eke out effortless poverty of ideas." He quotes a number of examples such as "thorough, exhaustive, and open discussion" to show that Mr. Wilson, even at this early period, was given to superlatives and unnecessary repetitions. In the phrase "nothing could be more obvious than"—used of a claim which might well be disputed—Hale sees evidence that young Wilson already had a conviction that his thoughts were axiomatically correct. A fondness for such frequently repeated introductory phrases the author would account for on one or more of the following grounds: "because his own cerebration is sluggish, or, though active, is repressed by internal conflict; or because he understands that allowance must be made for the incapacity of the people for following any rapid advance of thought; or because of more subtle recommendations, connected with the necessity which lies upon an oracle of leisure-class culture to put into evidence his familiarity with studied phrases, economically wasteful, and therefore distinguished, testifying to the fact that the author has spent years in ornamental, non-productive studies and has acquired the honorable habit of squandering his own time, and requiring that readers squander theirs, in the penning and the perusal of circumlocutions conceived as embroidering plain statements with the galloon of an antique grace." It must be admitted that this first chapter presents material that piques one's curiosity. Statistically, a tendency to circumlocution and unwarrantably strong statement seem to be demonstrated. That this may somehow be connected with basic factors in Mr. Wilson's psychology, one is not unprepared to believe.

A disappointment awaits one. Under the heading *Aristocratic Affectations*, Hale discusses the book on George Washington (1896) at length, and with brevity the baccalaureate address of 1908 entitled *The Free Life*. The former is characterized as "a romantic rhapsody about a handsome ghost." Innumerable quotations are offered to show a passion for pedantic terms, archaic expression, and elaboration of the aristocratic trimmings of Washington's life and society. Next he gives further evidence of addiction to adjectives. This addiction retards thought and is "the result of chronic constitutional

doubt." The next object of attack is the frequency with which certain words are used, often with unusual meaning. Such favorites are *"counsel," "process," "quick,"* or *"touch."* From all this Hale deduces that Mr. Wilson "has deliberately modeled himself after what he conceives to be the character of Washington:" the use of archaisms and redundant epithets is a pretense of aristocratic decoration. The discussion of *The Free Life* is confined to examples of repetition of favorite words.

In the next chapter on *Learned Addictions,* we meet with more quotations of the inevitable "processes," "counsel," "quick," etc., more criticisms of set phrases and favorite needless introductions to sentences. These habits Hale regards as indicating a class ritual, an advertisement of membership in an academic guild superior to the common run of mankind and privileged to waste time with mere verbiage. This argument is enlarged in the succeeding chapter on *Symbolism.* In an admittedly sketchy way, Hale outlines the psychology of word symbolism, the transference of magic power to the spoken or written word. Ruling classes, he says, have always tended to use such magic to impress their inferiors. In Mr. Wilson's style he finds frequent examples of personification of inanimate objects—i. e., of animism. Mr. Wilson's apparent belief in the clarity and intelligibility of the text of the Versailles Treaty is held to be an example of word worship.

Under the caption *Phonetic Phenomena,* he claims to see evidence of lack of clarity in thought, native or the result of fatigue, in Mr. Wilson's style. Alliteration and repetition are held to be like the symptom of echolalia in the insane. The former is discovered in a fondness, which Hale ingeniously ferrets out, for the letters *p* and *s.* Many examples of repetition are cited. As to the use of repetition for purposes of emphasis and clarity, the author has nothing to say.

The next chapter, *Doubt and the Flight from the Fact,* is the most "psychoanalytic" in the book. The author begins by citing Mr. Wilson's fondness for rhetorical questions. He argues that this suggests a mock debate in which the speaker has an easy victory. But it is more than that. It may, says Hale, be a reflection of inner doubt, an alternation between a positive and a doubting attitude. "Would it be strange if our studies led us to suspect Mr. Wilson's is really a character of peculiar instability of judgment and weakness of will?—that of a man torn by conflicting emotions, shaken by doubts of himself and his every thought and act, haunted by a never-to-be extinguished apprehension of his own inferiority?" In a digression, doubt is held to be a result of conflict with reality, and over-positive statement a compensation for the inner doubt. This implies a hatred of facts. Although he does not say so, this is probably the reason

for Hale's sudden insertion at this point of a small collection of picayune inaccuracies in fact and a longer list of what he alleges to be errors of expression. One of these is a facile grammatical error that may have been typographical; the rest are phrases or sentences that seem, torn from their contexts, to be inane. As a matter of fact, the strong arguments that Hale uses in this chapter are not drawn from a study of Mr. Wilson's public utterances, but are his notorious aloofness and a constitutional shyness that the President confessed to his critic personally.

In order to supply further evidence in support of his views, the author next presents *A Typical Manuscript*. "It is a typewritten 'manuscript' prepared for the President from memoranda furnished by him, the text conscientiously phrased in his own style by a student of it and revised by Mr. Wilson's own hand and pen." The alterations are supposed to be in the direction of the tendencies stigmatized by this critic. As a matter of fact, almost every emendation quoted seems, to the reviewer, to be in the direction of sense, of qualification or emphasis such as any author is entitled to make if the final product is to be accredited as his own. In this instance neither fatigue, faulty mentation, nor unconscious doubt can have produced these idiosyncrasies of expression, since they are all purposely added. It is, of course, possible that such factors might during the process of a lifetime lead to the development of a style that is in the end deliberately affected. If Hale means this, he should say so. His argument is, however, that Mr. Wilson is, at the time of utterance, sparring for time when he asks questions, piles up epithets, and so on.

So far the book deals only with defects. In the next chapter the author attempts to account for the popularity of this pseudo-historian and weak lawgiver. His very intellectual weakness may account for his success, says the critic. For instance, inner doubt has led to the development of an impressive pose of assurance; he "fulfils the popular idea of a philosopher who confers honor upon the sordid concerns of political life by bringing to them the high thoughts and ideals amidst which he lived so long in cloistered contemplation above that which the vulgar are permitted or are fit to enjoy;" as to the spell of his language, "Vagueness and reiteration, symbolism and incantation, I take to be the chief secrets of Mr. Wilson's verbal power," devices that have peculiar influence over crowds.

The last chapter is devoted to excerpts from the League of Nations speeches made in the autumn of 1919. In these there is nothing new. It is essentially an appendix in which the author gloats over a high percentage of the stylistic defects previously exposed and pitilessly illuminated.

So much for the material. What is its value? The first point to be noted is that his analysis is convincing only when his conclusions coincide with opinions now widely held about the peculiarities of Mr. Wilson. It is comfortable to be given a "scientific" proof justifying a suspicion or prejudice, so many readers will probably exult in these pages. Had Hale attempted to show that the President has unconsciously modeled his life after that of, let us say, Napoleon—a not unthinkable hypothesis for idle speculation—the reader might yawn rather than chuckle. As a matter of fact, one can neither prove nor disprove such claims as are made in this book. The underlying factors here exposed are not unique; few people are without such tendencies. Their importance lies in their relative strength or weakness. Hale, of course, tries to show that they are dominant, but he cannot do this accurately without evaluating such counter tendencies as may exist in Mr. Wilson's character. If one were to compile a list of the exaggerated, truculent statements of Theodore Roosevelt, leaving out of consideration his other traits, he could be demonstrated as a ravening monster. But such a work would not be popular.

But let us assume that Hale has painted a fair portrait. The psychological features now exposed would certainly account for Wilson's failures and many of his peculiarities. But why did collapse come when it did? Did these characteristics become accentuated or did human gullibility suddenly cease? Hale offers us no evidence of such changes. More important than this, he gives us no adequate reason for Wilson's rise to power. It is true that he offers an explanation for domination of a mob, but the President, during his career, has reduced to an almost servile devotion to his policies university professors, hard-headed men of business, and the astutest of politicians in this and other countries. The spellbinder whom Hale depicts would make a successful vendor of patent medicines at a country fair—no more. Mental inferiority and unconscious cowardice may account for temporary lapses or peculiarities, but Wilson's eminence can have been achieved only in spite of these hypothetical defects and in virtue of other character traits of which Mr. Hale is ignorant or secretive.

At best, then, this analysis throws some side lights on the character of a public official while it pretends to explain his whole personality. What is its *raison d'etre?* A zeal for dispassionate scientific inquiry can hardly have prompted it, as the product is neither dispassionate nor scientific. In his foreword, the author explains that it was originally a chapter for a book on a related subject which he read to some friends. They advised him to elaborate it into a book. Such long-distance "psychoanalyses" as this may be all right as liqueurs sipped around the fire by congenial guests after a heavy intellectual repast,

but when they appear in book form, one is forced to look for a hidden motive. One possibility is that the author hopes to make money by pandering to the popular taste for torture of fallen heroes. There is no discernible evidence for or against this view. A more probable hypothesis is that he is paying off some private grudge or blowing off some highly compressed personal steam; in other words, that the critic's own complexes provide the motive.

There is an adage, "Get thief to catch thief." Let us for a moment apply Mr. Hale's methods to the examination of his own style. Every page is littered with adjectives and epithets; how about the proportion of words of action to those of qualification in the following? "This is precisely what the discriminating brain, the informed intelligence, the sensitive ear, and the educated pen, are for. [He criticizes Wilson for ending a sentence with a preposition.] The point is that the promiscuous, indolent, incorrect, inaccurate, and tiresome recourse to a few pompous words borrowed from half-forgotten scholasticism neither represents nor allows clear, differentiated, exact, and thorough thinking." (p. 97.) In place of saying "appropriate," he says "germane, genuine, appropriate, and accurate." (p. 83.) These quotations are typical. He speaks frequently of his book being "swiftly moving," yet it is padded to the point of flatulence. He makes this remark once after seven pages of pure irrelevance, a coincidence not meaningless to a psychoanalyst. Repetition in the President's writings calls for frequent comment, yet Hale not only repeats evidence, but confuses his discourse by recapitulating various claims at inappropriate stages of the argument. A man who writes, "every minute of sixty seconds," cannot be in a great hurry. He does not repeat words as Mr. Wilson does when he wishes to convey a second or third time precisely the same idea. He has apparently a phobia of this, and so gives either a word of a slightly different meaning or piles up synonyms. The following sentence is interesting from this standpoint: "For ordinary purposes ordinary facts appeal to our attention in one or another of their more obvious, more homely, more prosaic attributes." One would suspect that the author, consciously or unconsciously, started "ordinary" a third time and was held up by lack of the courage Mr. Wilson displays. This phobia of repetition leads him to write "vocable" or "locution" for "word" and "locutory contribution" for "phrase." He has no favorite refrains of special phrases, but he has a penchant for certain words such as "meticulous," "echolalia," or "cerebrate." The latter is sometimes forced to strange uses, as when he writes, "Books are not written to insist upon, or cerebrate, attributes so familiar."

As to Hale's idolatry of words there is much evidence. He talks of the "nobility" of the word "process" and seems to have a horror

of Wilson's sacrilege in using it in many senses. Archaisms are not infrequent. There is "writ" for "written," "eke" for "also," and so on. The sentence, "These all be excellent words," is not unique. The text is riddled with pedantic or unusual words and phrases such as: reluct, paludamentum, mattoid, hieratic, obnubilation, heliotropism towards certain sounds, lusory, predaceous, acousmatic improvisation, subnormal intellectuation, unweeting, understanded (for understood), antanaclasis, increditable. Such words can hardly be used solely to express the simple ideas of the author; a desire to impress the unlearned reader probably lurks behind. Alliteration is frequent; in fact, the title of the book is alliterative and thereby inaccurate. "Analysis," rather than "story," "of a style" would suit the meaning better. The mania for collecting interminable lists of words and phrases is probably connected with this word complex.

The author deplores Mr. Wilson's tendency to superlative statement and final pronouncement on matters that of their very nature must be only opinions. Yet he is not above writing "most obvious" himself. In criticizing Wilson's phrase "calamitous shipwreck" as containing an unnecessary adjective, *his* sentence contains "complete catastrophe." On page 51, Hale works himself up beautifully to a positive statement such as he deplores. He is writing of the inevitable epithet. " . . . does it not seem as if an author must lack confidence in the ability of the unassisted name of a fact to convey the fact? May we not be getting in this addiction, the extent and obstinancy of which we now begin to see, a symptom of *habitual misgiving?* Whatever else there may be to it, *the suspicion cannot be escaped that this is no mere verbal embroidery, but* the result of chronic, constitutional Doubt." Can one look for a more *ex cathedra* pronouncement than the following? "I speak with the full wisdom of all science when I assert that the attention of the hearer or the reader needs stimulation two or three times every minute of sixty seconds."

The defects of style common to these two writers must naturally lead to lack of clearness at times. Hale says—and takes a paragraph to say it—that the sentence, "This nomination comes to me quick with a sense of obligation," has no meaning. To the reviewer it seems translucent, if not transparent. But when he reads a few pages further on, "The sentence-preface, like all affectations of polite letters, belongs in the category of conspicuous consumption, and is of quite special honorific value in the scheme of predatory life"—at this point he finds Mr. Hale's style opaque.

Many readers and auditors have thought that the President enjoyed facility and charm of expression. It may be that his critic enjoys facility, and lacks charm, of expression. He is not dignified,

but "smarty." He calls "counsel" and "process" Mr. Wilson's "Gold Dust Twins." Speaking of Jesus, he writes, "His own sayings are not as popular as those of his chief publicity agent, Paul of Tarsus." The imaginary creature whom Mr. Hale criticizes could have written the following "journalese," but not Mr. Wilson: "But never, until September 23, 1920, surely, here, or anywhere since Music, heavenly maid, was young, have the echoes of symbolic sound thus, in the spent retirement of articulated reason, chanted the magic cadence of reverberant phrase:" (p. 297.) Can one conceive of an author interested only in scientific argument descending to such a despicably cheap ruse as that found on page 14? He there writes, " . . . it is *sincerely* hoped, in the interest of the unprejudiced unfolding of the argument, that the conscientious reader will not at this juncture turn to page 160 and read the quotation there." The italics are mine.

Hale has much to say about Mr. Wilson's "aristocratic affectations." He is not without snobbishness himself. He lets the reader know from time to time that he has enjoyed intimacy with two presidents. He hurls his learning at the multitude and suddenly becomes democratic. He unbends. He tells the humble reader how he was looking for a book to finish a cigar with and took down Le Bon; how his maid has just brought him his mail with another Wilsonian document; how his little boy is interested in the manuscript and offers an analogy from Mark Twain. Could a man to whom literary—or other—dignity was natural be guilty of such irrelevance?

This is enough to demonstrate two things—that the author suffers from the same "complexes" as the subject of his criticism and that he cannot get away with them. If one assumes that he is jealous for this reason or that he is a disaffected disciple, the motive in writing the book becomes clear. He wrote a biography of the President some years ago, quotations from which do not seem to be disparaging. Does he regret it now? One wonders whether he is the conscientious student of the President's style who wrote the manuscript corrected by Mr. Wilson and now in the hands of the critic. If hatred be responsible for the book, there is surely evidence of it. Innuendoes and frank insults are found in every chapter. He implies that the President is a "mattoid," a schizophrenic, a coward, and states, "It is impossible to ignore the fact that his writings are marked conspicuously and obstinately by some of the signs often associated with subnormal intellectuation."

The reviewer comes neither to bury Cæsar nor to praise him. With the question as to whether these "complexes" exist in Mr. Wilson's psychology, we can offer no further opinion than that given above—

namely, that their existence is not of so much moment as their relative strength. But what we have a definite opinion about is the prostitution of a method of scientific research for the ventilation of a private grievance. This is a definite perversion of the principles and practice of psychoanalysis. Mr. Hale does not seem to know or prefers to hide the knowledge that *unconscious* tendencies may enter into character formation, but that the personality of the subject is an entirely different affair from his unconscious. The layman cannot see this discrimination and hence an unconscious wish means to him a character trait. These psychoanalytic "complexes" become admirable weapons for the assassin. If captured, he says he did not mean to stab and points to the *un* in unconscious; but he knows and counts on the actual effect of his words. It is not considered good taste by some folk to hit a man when he is down, but it is apparently all right to butcher him for an academic holiday. Mr. Hale would presumably reply that such analytic studies may teach people wisdom in the choice of leaders. We wonder if he would have had the courage to print this book in the summer of 1917.

JOHN T. MACCURDY.

New York City.

LECTURES ON MODERN IDEALISM. By Josiah Royce, Ph.D. New Haven: Yale University Press, 1919. 266 p.

It is a bit surprising to find that there are changing fashions in philosophy as in drinks. A generation ago, philosophic idealism, cut after the Kantian pattern, was the approved dress for one's sober thoughts about reality. Then James, Schiller, Dewey, and others introduced a new style called Pragmatism. There was also New Realism. So that only yesterday it seemed that idealistic philosophy had gone the way of cocktails, highballs, and the rest. When, recently, May Sinclair published her *Defense of Idealism*, she admitted that idealism was out of date. "There is a certain embarrassment," she said, "in coming forward with an Apology for Idealistic Monism at the present moment. You cannot be quite sure whether you are putting in an appearance too late or much too early." She went on to add that some day—which may be as distant as you please—the reigning philosophies would grow old and die and a new idealism would be born again.

The thing has happened. There can be no doubt that the last few years have seen a revival of the philosophy of the Absolute.

It is fitting, as it is impressive, that the foremost American representative of this philosophy, although dead, should be heard anew at this time. I have in mind the two posthumous volumes by Josiah

Royce just published—*Fugitive Essays* and *Lectures on Modern Idealism*. This review deals with the latter of the two, issued under the competent editorship of Dr. J. Loewenberg.

"We have particular reason," as Dr. Loewenberg says, "to value at this moment a dispassionate estimate of that phase of philosophy which, like German music, must suffer through the retrospective judgment of the war. . . . An unbiased and trustworthy study of German idealism is, therefore, a most notable bequest to the present bewildered generation." There is, however, little reason to hope that the book will accomplish much in this direction. Most men who concern themselves with the matter at all find it difficult, as the editor himself does, "to condemn the German war lords and admire her philosophy" because "the boundary between her war and her philosophy is not easy to define." The reason is that most men interpret the war in the same simple terms as the editor does; it appears to them a "treacherous onslaught upon the peace of the world" by a people philosophically misled to do the wicked deed.

The point is important because it brings us face to face with one of the central inconsistencies of absolute idealism, a point which Dr. Loewenberg fails to consider, but which needs to be made clear, else the philosophy in question receives credit beyond its deserts. Dr. Loewenberg defends German idealism against its misinterpretation by the Germans. He is deeply impressed by Royce's righteous indignation at the behavior during the war of the people who had philosophic idealism to fall back upon. One gets no hint of the count made against this idealism again and again—namely, that, in consistency, human ills and wrongs should from the absolute point of view be a matter of indifference. The last notable act of Royce's life was a ringing public denunciation of the sinking of the *Lusitania*. The denunciation was prompted by the noblest emotions. Friends and former students dear to him went down in the *Lusitania*, and his heart spoke out. And yet, even while one honors him for his humanity, one may find his denunciation logically inexplicable, since it is uttered by a philosopher for whom evil is a divine necessity, who taught that evil had to be in order that evil might be overcome by good.

The subject has been brilliantly discussed by Santayana in his *Character and Opinion in the United States*. "Orthodox Hegelians," he writes, "might well have urged that here, if anywhere, was a plain case of the providential function of what, from a finite, merely moral point of view, was an evil in order to make a higher good possible—the virtue of German self-assertion and of American self-assertion in antithesis to it, synthesized in the concrete good of war and victory, or in the perhaps more blessed good of defeat. What could be more

unphilosophical and *gedankenlos* than the intrusion of mere morality into the higher idea of world development? Was not the Universal Spirit compelled to bifurcate into just such Germans and just such Americans, in order to attain self-consciousness by hating, fighting against, and vanquishing itself? . . . Of course; and yet somehow, on this occasion, Royce passed over these profound considerations, which lifelong habit must have brought to his lips. . . . The murder of those thousand passengers was not a providential act, requisite to spread abroad a vitalizing war; it was a crime to execrate altogether. It would have been better for Hegel, or whoever was responsible for it, if a millstone had been hanged around his neck and he, and not those little ones, had been drowned at the bottom of the sea."

Certain minds, however, find nothing objectionable in idealism's position on the subject of evil or in its degradation of the world and its business to appearance and illusion. Unlike William James, who advised us that we go round it as round a marsh lying in the way of progress, they are temperamentally predisposed to accept a philosophy in which all differences are swallowed up in one eternal unity and all finite values in one eternal good. Such souls can go to no better source of refreshing than post-Kantian idealism, the greatest representatives of which—Kant, Schelling, and Hegel—are discussed in this book.

Kant, Schelling, and Hegel, although not equally, are all notoriously hard understanding. In the case of Hegel, there is the additional obstacle of inadequate translation of his works. It is difficult to imagine how the inner meaning of these philosophies could be more clearly and understandingly presented than by Royce in this little volume. The chapters on Hegel especially are to be highly recommended to those who desire an authoritative, fundamental, yet comprehensible statement of the heart of this dark philosophy. Of the ten chapters, two are devoted to Kant's view of knowledge and the self, in which Royce shows how the later idealisms were the inevitable development of Kant's position. Three chapters treat of Schelling and the strivings of his period. Here Royce makes clear how Kant's conception of the self expanded into the absolute and discusses the social implications of the self as thus conceived. Four chapters on Hegel follow, the study being based on the *Phenomonology* rather than on the *Logic*. A final chapter deals with *Later Problems of Idealism and its Present Situation*. In this chapter Royce considers and evaluates various reactions to idealism and finds them all wanting. The reason is that all of us are idealists, whether we will it or no—even without knowing it. If one objects to a given type of philosophy or conception of reality—say to idealism—one does so on the basis

of some criterion, some ideal of what philosophy or reality must be; ergo, one is an idealist. Thought, through the use of an ideal, implies an idealistic philosophy. For "so to act is essentially, whether we know it or not, to view the temporal as the symbol and the likeness of the eternal." "This is why the idealistic movement . . . although frequently suppressed, although often deliberately ignored, has been as constant as the movement of a great river beneath masses of winter ice. Every now and then the ice breaks or melts, and the idealistic tendency comes to the light of consciousness. It is irrepressible, because it is human."

The book ends on this note of challenge. Whether one agrees or not, the volume revives one's sense of loss in the death of America's foremost spokesman for God as the absolute experiencer.

M. C. Otto.

University of Wisconsin.

Studies in Contemporary Metaphysics. By R. F. Alfred Hoernlé. New York: Harcourt, Brace, and Howe, 1920. 314 p.

Another recent addition to the literature of philosophical idealism in America is *Studies in Contemporary Metaphysics*, by R. F. Alfred Hoernlé, formerly at Harvard. The book discusses some of the most interesting contemporary problems of a more fundamental kind, such as the nature and function of philosophy, mechanism and vitalism, theories of mind, the credentials of scientific method, the validity of religious insight, and so on. The studies are conceived in the spirit of Bernard Bosanquet, to whom the author feels himself indebted for the essential framework of his thinking, and they are distinctly the confession of philosophical faith of a man who desires above all to breathe the atmosphere of "that realm of speculation where great thoughts do not age."

The chapters of most interest to the non-professional reader will be the first and the last: *The Philosopher's Quest* and *Religion and the Philosophy of Religion*. Through these, moreover, he will gain an insight into the circle of ideas and the methodology of the outstanding form of present-day idealism. He will also become acquainted with the logic peculiar to this type of thinker, a logic that has a certain kinship with magic. Whether he finds this quality obnoxious or the reverse will depend very largely upon whether he is himself of the idealistic persuasion.

There is no doubt that a genuine nervousness has overtaken the philosophers of the present. In view of the world-wide agitations of the hour, and the enormous accumulations of knowledge, they have been forced to reëxamine themselves and their function in the world.

In a very readable and suggestive chapter, Mr. Hoernlé discusses the question, what is philosophy? "Once again," he says, "this has become a burning question for philosophers." Science, religion, men in the street have joined in an attack upon the claim of philosophy "to offer a profounder and more comprehensive insight into the nature of the universe than any other mode of thought." It is this question that the author proposes to answer.

Philosophy, we are told, aims at wholeness. This is its differentia. But the wholeness can no longer be a quantitative wholeness. A total-view of the universe in all its detail of fact is out of the question. The wholeness must be qualitative instead of quantitative. And this turns out to be, as Mr. Hoernlé goes on, the organization or interrelation of facts, rather than an encyclopedic knowledge of facts as such. In everyday life facts do not come to us as insulated bits, but as connected, as mutually illuminating elements in a larger setting. One thing throws light upon another; we understand one thing by virtue of its relation to another. "The spirit of philosophy, then, as exhibited in philosophizing, is the highest form of the principle of wholeness which is present throughout the life of mind wherever something is being learned in, and from, experience." However, since the organization of facts implies a knowledge of the facts, it would seem that the completest form of organization would imply the completest knowledge of facts. In other words, we may ask the author whether a qualitative wholeness of facts is thinkable without a quantitative wholeness? Mr. Hoernlé has this difficulty in mind, and his answer, though given in somewhat new terminology, is not new in content or meaning. "The data and materials for philosophical reflection," he tells us, "are not the crude and chaotic experiences of immature minds, but the already highly organized systems of experience in which mature minds participate through their feelings, thoughts, and actions."

As he develops the idea, we discover that the philosopher takes as his starting point such organization as has already been arrived at in the arts, science, religion, economics, politics, etc., and extracting "the essence, or real nature of each type of experience," penetrates to the deeper meanings of things by the arriving at a wholeness of these partial wholenesses. To put it in less elegant language, the philosopher takes the gist of the various knowledges, kneads them thoroughly, and then bakes a philosophical biscuit.

The fallacy here is, I was about to say, obvious, but it is possible that idealism is one of those cults that can be understood only after one has surrendered to them. At all events, it seems to me rash to conclude that one can take over into one's mind the essence or central meaning of a science, an art, a discipline of any sort without going through the vigils and toils necessary to achieve that central mean-

ing—if, indeed, there be such. If certain philosophers will persist that the job of philosophy is to build a universe out of the multiplicity of facts accumulated and organized by other investigators, it seems to me they are not justified in putting the really arduous labor on the shoulders of some one else. Not because it is not nice to do so, but because insight into the central meaning of the specialized fields of investigation cannot be sipped up. To get at the heart of a science, we must live with that science, and so of an art.

Mr. Hoernlé makes this very point—and in an exaggerated form—when discussing religion. There he goes so far as to claim that "the student of religion, if he is not to miss the heart of the subject, must himself be religious." He must know what it is to be religious by being it—else "we may bluntly say that the student will not know what he is talking about." Accepting this criterion for the sake of argument, we may bluntly say that only a man at home in a specialized field of knowledge is really acquainted with its "central truths." Only a composite genius—physicist, chemist, biologist, mathematician, and all the rest would be qualified to do what Mr. Hoernlé demands of the philosopher.

The situation is actually worse. For what Mr. Hoernlé means by religion is not what is generally meant; it has nothing to do with the creeds or organizations we know. The religious person is the philosopher—as the self-conscious organizer of knowledge *par excellence*. In other words, what his claim comes to is this: no one not a philosopher can say anything ultimate about philosophy, but a philosopher is in a position to talk profoundly about anything. He has the key. I do not mean for a moment that this is Mr. Hoernlé's spirit, but only that the logic of his position forces me to that conclusion.

Here, then, we have the theme of the book, and its pages are devoted to the discussion of views which agree or disagree with it. There is a certain wonderful unity underlying our chaotic experiences; the sciences, the arts, religions in the ordinary sense attain to certain aspects of this unity, and the philosopher penetrates to those deeper unities, achieves that profounder organization which accounts for the unities met with at more superficial levels. In this search and the contemplation of the unity thus attained he finds the life most worth while.

M. C. Otto.

University of Wisconsin.

THE SOCIAL DISEASES: TUBERCULOSIS, SYPHILIS, ALCOHOLISM, STERILITY. By J. Héricourt, M.D. Translated, and with a final chapter, by Bernard Miall. New York: E. P. Dutton and Company, 1920. 246 p.

The question of depopulation in France has been the subject of much agitation for a number of years. In the last year or two, however, the problem has become much more acute, and it has now come about that the death rate is in excess of the birth rate. This is, of course, a matter of great concern to the French nation, with the ever-present fear of German aggression. Dr. Héricourt's point of view is unquestionably contingent on this fear of the depopulation of France. It is a matter which touches every patriotic Frenchman. Dr. Héricourt in his book has taken up this French problem from the standpoint of the physician writing as a sociologist. It is the major diseases of society, as he sees them, that he discusses. To quote from his preface, "the diseases which come under this heading are four in number. (They are tuberculosis, syphilis, alcoholism, and sterility.) Tuberculosis and syphilis are diseases of parasitic origin. . . . Alcohol is a toxic malady—a disease of *intoxication*, using the word in its medical sense; a poisoning of the organism. Sterility is a functional disorder or disturbance; it may be deliberately induced. Such are the four great scourges from which all modern societies are suffering, but which threaten more particularly the oldest civilizations. They are more terrible than even the most terrible of wars; for wars, even the most destructive, are passing accidents from which societies recover fairly rapidly, as individuals recover from a serious loss of blood, while their very lives appear to be seriously threatened by the advance of any one of the four plagues which have stricken them."

The author attempts to consider these four plagues from the standpoint of medicine and of sociology. One has to agree with this socialized point of view concerning the treatment of these conditions. For instance, in the consideration of tuberculosis, he condemns the usual method of treatment, which does little good to the patient and leaves him as a source of contagion to the community. He advocates isolation of the contagious cases in proper hospitals, with subsidies to the families who are deprived of their breadwinner because of hospitalization. Irrespective of the cost, which he admits would be very great indeed, he believes that this would be a great economy to the nation in the end.

Again, his views concerning the campaign against syphilis are to be commended. He strongly criticizes the French method of examination and licensing. His criticism of the French attitude toward

restriction of birth and abortion is evidently well taken, and every one would probably agree with what he says concerning the damage done to individuals and the nation by the large imbibition of alcoholic beverages.

In so far one may agree with the author, but for the rest the American reader will probably disagree heartily. There is much in the book that has the tinge of ardent propaganda rather than the portrayal of facts. For instance, the author looks upon hereditary syphilis as the basis of tuberculosis. Again to quote the author, "nine times out of ten I have discovered the stigmata of hereditosyphilis in patients suffering from a confirmed tuberculosis. . . . There is almost always a parallelism between the severity of hereditosyphilis and the gravity of tuberculosis. . . . The terrible increase of tuberculosis . . . can only be the consequence of a similar increase of syphilis." He further indicates that almost every disease is the result of hereditary syphilis, and he even goes so far as to include appendicitis and the bearing of twins as evidence of syphilis in the ascendants.

From reading Dr. Héricourt's work, one would judge that whatever disease or difficulty is not due to syphilis must be due to alcoholism in the parents, as he feels that nearly all Frenchmen are afflicted with alcoholism and at least one-third with syphilis. It is easy for him to draw the conclusion that everything occurring in the way of disease, crime, or difficulties must be due to one of these two causes.

His outlook for the future in regard to alcoholism in France is entirely black. He has no confidence that the government or the French people will do anything to remedy their excessive alcoholism.

As to the part of his book concerned with the question of sterility, we fear that he will give much offense to the feminine readers of America. He states that the most obvious influence in causing a reduction of the birth rate are the modern feminist ideas which take the woman out of the home and lead her to compete with man in all departments of his activity. "Woman, wishing to assimilate herself to man, has realized that she will succeed in so doing in proportion as she suppresses maternity, which for the adepts of femininism has become a blemish."

As is apparent in reading this review, the book offers considerable material for criticism. The chief defect it seems to us is that Dr. Héricourt has not always stuck strictly to a scientific criticism of his statements. This makes the book valueless or worse to the casual reader, who is not familiar with the facts and figures of present-day knowledge concerning tuberculosis, syphilis, and alcoholism. If one can read the book without regard to its inaccuracies, it will be found to contain a number of interesting ideas, and the author is certainly

to be commended for his socialized attitude towards the handling of diseases and conditions which so greatly affect the health, life, and future of France. The reviewer would advise against the reading of this book by the layman. It would be too likely to lead the uninitiated to accept as facts the wildest hypotheses of Dr. Héricourt and lead to an unscientific and perverted view of the subject matter under consideration.

H. C. Solomon.

Boston Psychopathic Hospital.

A Textbook of Sex Education. By Walter M. Gallichan. Boston: Small, Maynard, and Company, 1921. 294 p.

Mr. Gallichan is the author of two other books, *The Psychology of Marriage* and *The Great Unmarried*. I have not read either, I am sorry to say, but shall do so, having read this *Textbook of Sex Education*. The latter is a scientific treatise of sex education, designed especially for parents and teachers, which will undoubtedly be of great help to those who appreciate the importance of proper physical and mental sex development, but who have not the knowledge of the subject ordinarily gained through extensive reading of scientific literature and work with case material. I believe that Mr. Gallichan has presented the subject with great care and yet as completely as is possible in a book of this size. There has been much repetition, but that is excusable in his argument for the right of children and young people of both sexes to acquire gradually a comprehensive knowledge of sex (for we know how much repetition is necessary to make the public comprehend clearly). His book is eminently free from faulty statements, is well systematized, and contains much well-gradated didactic instruction, of value to parents and teachers who do not know how much to tell children about sex, or how to formulate this information. He does not neglect biological, physiological, or psychological factors.

He scores the parents of fifty years ago—and since that time—who "counseled chastity and left the rest to 'natural instinct'" and states that he has endeavored in his book "to systematize a method of teaching which will be helpful to parents and to all who have the care of children and adolescents. . . . This is not a book for the young, but for the instructor. It has been arranged to supply a basis of sex education, and the *Lessons* given may suggest many others. The discretion of the parent must always be exercised in accord with the child's sex, age, and temperament."

"Anthropology and psychology, and more especially the investigation of the subconscious, or unconscious, self, are demonstrating that

the fear of sex has never been absent from the minds of men. The association of sex with the holy, or the forbidden, and the widespread ascription of danger in the union of the sexes, cannot be banished from the human brain in a few generations. Yet slowly we are approaching, for the first time in man's history, a sane intellectual perception of the sexual impulse. The more widely the subject is studied, the stronger becomes the conviction that an eternal ignorance has misled humanity."

"Undoubtedly the character and the manner of sex education are of supremely vital importance; but the enlightenment must certainly be as sound in the case of girls as in boys."

"The sexual problem exists for all of us, and although civilization intensifies the problem, it provides also, by the extension of knowledge, science, and experience, the means for grappling with the difficulty."

He appreciates that there must be great difficulty in finding well-qualified monitors. "It is therefore necessary that parental and scholastic enthusiasm must be fostered by every possible means."

"The new psychology of the child shows, without doubt, that the withholding of the truth injures the emotional and intellectual relationship between parents and their children. One well-meaning lie repeated by the father or mother may destroy forever the confidence of the child. A severe reproof in response to a childish question or speculation upon reproductive enigmas acts as an excitant to further curiosity and speculation. Parents are wont to imagine that the hushed voice or the admonition to silence checks the inquisitive tendency. No doubt such tactics check the child from further attempts to learn from the parent or teacher. But instead of diminishing the curiosity, the evasive answer or the palpable untruth stimulates a deeper craving for enlightenment. This is an inevitable consequence."

"The education of parents must be undertaken in very many instances before we can begin to educate the children."

He suggests that "as a preliminary it would be well if the instructor placed himself in the hands of an expert psychoanalyst." "Psychoanalysis explains the origin and the meaning of the inner censor who whispers that we had better avoid this or that inquiry." "The new researches in psychology have let in a stream of light upon the mysteries of mental disease, the bewildering problems of sex, the significance of myth and legend, the association of art and life, the subject of education, the development of the mind of the child, and the social customs of mankind." "The new investigations into the subconscious mind, the origin of the perplexities and dreads, and their reaction upon thought and conduct are clearing away a cloud of primitive misconceptions and hindering delusions." "If

the prospective teacher cannot purge himself from hindering reactions and realize that this is one of the most urgent of all reforms in education, he is certainly unfitted for a solemn task. . . . We must avoid the dry-bone method of instruction as cautiously as we steer clear of undue emotionality. Our teaching should be soundly scientific, with an admixture of æsthetics and poetry. The moral aspect of the subject must not become a dreary exhortation, but hopeful, practically helpful, and inspiring."

Mr. Gallichan's book is gratifyingly superior to the majority of similar published contributions, so many of which are disappointing through erroneous statements and through vagueness and lack of systematization. It is especially noteworthy that the author has the courage to give examples of instruction for didactic use.

GLENN E. MYERS.

Los Angeles, California.

THE OPIUM MONOPOLY. By Ellen N. LaMotte. New York: The Macmillan Company, 1920. 84 p.

This little book gives authentic information concerning the manufacture and distribution of opium. The author utilizes official "Blue Books" and demonstrates that a considerable proportion of the world's opium supply is obtained from India, Turkey, and Persia. She gives prominence to the following passages from the *Stateman's Year Book* for 1918: "Opium: In British territory the cultivation of the poppy for the production of opium is practically confined to the United Provinces, and the manufacture of opium from this region is a state monopoly. The bulk of the exported opium is at present either sent to the United Kingdom or supplied direct to the governments of consuming countries in the Far East; a certain quantity is also sold by auction in Calcutta at monthly sales."

One of the chief arguments of the writer is to the effect that the opium sold by monthly auction in Calcutta finds its way through unlawful channels to China, to the United States, and to other countries. The author directs our attention again and again to the fact that Great Britain is the chief villain in the plot because the "opium monopoly" that is responsible for the auction sales is a state monopoly and is allowed to flourish because it means millions of pounds annually in revenue.

We are told that the Harrison Act can only control the distribution of opium that comes to the United States through recognized agencies. There is, however, a considerable illegal traffic with the smuggled drug, and government agents often find themselves at a loss to cope with this situation. We are therefore concerned with

the primary source of our opium supply and must be particularly interested in the "opium monopoly" and its monthly auction sales at Calcutta.

It would appear from Ellen LaMotte's book that Great Britain must experience a change of heart and alter her policy with regard to the opium traffic, if the world is to be relieved of a great menace.

Since Gladstone's time, and before, serious exception has been taken by many leaders of English thought to Great Britain's opium policy. The time is probably not far distant when England will do her full duty to herself, to her wide-flung dominions, and to the world at large by permitting the manufacture of opium for medicinal purposes only. The publication of Ellen LaMotte's book should hasten the much desired day.

C. M. Hincks.
The Canadian National Committee for Mental Hygiene.

Repressed Emotions. By Isador H. Coriat, M.D. New York: Brentano, 1920. 213 p.

This book is a very readable and acceptable addition to the rapidly developing literature on psychoanalysis. The author follows closely the Freudian concept of psychological mechanisms of character formation, and from this point of view has condensed into a small book a very satisfactory exposition of the subject for the lay student. There are several statements, rather dogmatically made, which may still be considered controversial, but the valuable suggestions appearing all through the book can only stimulate the reader to further inquiry. Although one is frequently disappointed at the rather brief discussion given many interesting phases of the subject, one must bear in mind that this book is evidently written for the beginner, with whom too much detail would be out of place.

The author is frankly making an appeal to place the subject of psychoanalysis on a very high ethical plane, and to the reviewer he has succeeded admirably. One cannot read his book without being convinced that no science or art, with its proponents, comes nearer to the highest ethical standards or ideals of modern civilization than that of psychoanalysis, and that the successful analyst must be at the opposite pole from charlatanry with all that that term implies.

The statement, "Through psychoanalysis, the mind is dissected and the hidden motives and sources of human conduct laid bare," gives the reader the author's concept in a word, and his inspiration becomes clear when he says, "The future of psychoanalysis will be a highly moral task of great educational value. It will teach the in-

dividual, and through the individual the race, that the Utopia comes from within, and as this inner adjustment to reality is perfected, mankind will advance to higher ideals of social and ethical justice."

LOREN JOHNSON.

St. Elizabeths Hospital, Washington.

THE COMMUNITY HEALTH PROBLEM. By Athel C. Burnham, M.D. New York: The Macmillan Company, 1920. 149 p.

This small volume is a summary of existing health measures and activities as they apply to community welfare. It contains sixteen brief chapters with a list of references and an index appended. It is written in simple style easily within the grasp of any one.

Each chapter deals with a subject related to community welfare. Various surveys are quoted, showing the extent of illness, which is given as the chief factor in poverty. In treating the community's illness, the author believes the private physician is a failure, in view of which better facilities are recommended for rich and poor alike. Various health departments are well considered, public health nursing is given proper emphasis, and state, private, and community endeavors in better health campaigns are discussed. The chapter on workmen's compensation insurance is clearly written. Compulsory health insurance and state medicine are favored, the former as a remedy for poverty arising from illness and the latter as a means of emphasizing prevention rather than cure, reversing the existing order; then, too, the unattended poor would have the same consideration as the rich. Health centers are intelligently discussed, as well as the social-unit plan in its experimental stage. The chapter on tuberculosis contains the usual outline for attacking the problem and some statistics. Social hygiene and rehabilitation of the disabled are considered, also, much of this discussion being devoted to federal activities, some of which are questionably assured by present government plans. The last chapter is devoted to endowed health demonstrations.

Those who favor the further socialization of medicine will agree with the author's opinions; for the rest, the material contained in the book will prove useful to public-health workers and others interested in the health of the community who wish a review of this information in condensed form. But those who are in touch with current literature and activities in this field will find little that is new or original, and those who believe that there is a mental problem in the community will be keenly disappointed, for the author in a few words relegates the insane to a scrap heap along with sufferers from advanced tuberculosis, inoperable cancer, and so on.

The importance of community health work cannot be exaggerated, but more beneficial results are to be expected when the various phases are recognized and correlated, and in doing this we cannot afford to lose sight of that phase which affects the more basic social problems—mental health.

RALPH P. TRUITT.

Illinois Society for Mental Hygiene.

TRAVELING PUBLICITY CAMPAIGNS; EDUCATIONAL TOURS OF RAILROAD TRAINS AND MOTOR VEHICLES. By Mary Swain Routzahn. New York: Russell Sage Foundation, 1920. 151 p.

The author has deftly assembled a useful fund of information concerning the technic of conducting educational publicity operations on wheels. The indications and contra-indications for such tours are ably discussed. The importance of carefully planned advance advertising and organization, the necessity of emphasizing the goal idea, and the need of follow-up work if results are to be expected, are all covered in a thorough manner.

The book contains detailed descriptions, illustrated by photographs, of exhibits, demonstrations, motion pictures, and other campaign material which have been housed and transported from town to town by means of trains, trolleys, motor trucks, and even motor cycles. There is an appendix which lists and describes all such exhibits, as well as a carefully compiled bibliography of literature relating to the subject. This review of the practical experience of those who have conducted such activities is made more valuable by the author's observations and comments.

The reviewer believes that the importance of traveling publicity campaigns depends first on the novelty of such operations and second on the increased accessibility to out-of-the-way localities. The arrival of an educational caravan in a small town immediately arouses interest along Main Street, while such a caravan might parade through the thoroughfare of a larger city and receive hardly a passing thought from those who see it. The arrival and departure of anything is an event in a small town; traveling publicity caravans essentially arrive and depart, and therefore are successful in arousing interest in the reverse ratio to the size and accessibility of the town.

Not only is this little book an interesting account of a certain phase of publicity activities, but it is so well written that it stimulates in the reader the desire to cover facts with that form of emotional cement necessary to make them stick in the minds of an audience.

WILLIAM B. TERHUNE.

Connecticut Society for Mental Hygiene.

THE MAN OF TO-MORROW; A DISCUSSION OF VOCATIONAL SUCCESS WITH THE BOY OF TO-DAY. By Claude Richards. New York: Thomas Y. Crowell Company, 1917. 296 p.

This book is divided into several sections, as follows: *The Need of Vocational Guidance, The Importance of Specializing, The Need of a Broad Foundation, Choosing a Vocation, Representative Vocations, Avocations, General Conditions of Vocational Success, Appendix.* These usually are divided into several chapters, such as, *Earning a Livelihood, Specialization—The Key of Success, Vocational Guideposts, Determining Adaptability, Education—The Foundation of Vocational Success.*

Certainly after reading this book the boy of to-day will have an excellent idea of the possibilities, rewards, and difficulties of the various vocations to which he may have turned his attention. He will find that the author has presented advantages and disadvantages in a fair and impartial way. He will have the opportunity of gaining much knowledge upon the question of vocational choice, but, unless he is well educated and has had a certain amount of worldly experience, he will have difficulty in understanding or of fully appreciating much that is set forth. A simpler and briefer presentation of many of the ideas expressed would prove of greater value to the boy of to-day. The boy's father will probably derive many ideas and certainly gain a knowledge of how to present the subject of vocational choice to his son, but should he ask the boy to read this book, it is probable that the reading will be so prolonged that it may not be accomplished until the boy approaches maturity. Perhaps this is a slur upon the boy of to-day, but it seems to the reviewer that if this book were boiled down to a quarter of its length, it would be far more attractive to youthful readers.

It is also doubtful whether the boy can carry out the self-analysis that is suggested without the assistance of the counselors recommended—parent, teacher, vocational counselor, and intimate friend—although "the information is for the boy's own enlightenment. If he submits his notes to any other person, it will only be for the purpose of obtaining help, and in every way confidential." Self-analysis is such a difficult matter and so apt to be unreliable that it seems hardly fair to thrust so much responsibility upon the boy. Yet a statement like the following seems eminently true and proper: "Now it is easy to tell a young man that if he has certain natural characteristics, he will succeed in a particular vocation; but the really big task is to determine what those major qualities are. One can only say: he should study himself persistently and frankly; he should

not reach a hasty conclusion; he should get the honest advice of those who know him intimately."

It may also be said that the reviewer's hopes of a real contribution to vocational psychology which were aroused upon first glancing over the contents of the book were not fulfilled. But perhaps these objections represent too much "one man's opinion." Certainly they should not cause one to lose sight of the excellence of the book as a whole.

WILLIAM R. DUNTON, JR.

Sheppard and Enoch Pratt Hospital.

MENTAL SELF-HELP. By Edwin L. Ash, M.D. New York: The Macmillan Company, 1920. 119 p.

The author states that the object of this book is to summarize in a practical way reasonable methods of obtaining self-help through the exercise of one's own mental powers. He advocates that this be carried out through the process of self-suggestion. Very definite instructions are given in the form of exercises and summarized conclusions as to the technic of auto-suggestion. A strongly religious trend permeates the entire book. The author asserts that "man is recognized as having spirtual as well as mental and physical attributes, which bring man into touch with that Principle which is the ultimate source of all powers, of all life, and of all healing."

The book has no new thought or philosophy to offer to its readers. Much that it contains is contrary to present-day psychiatric knowledge. It has no educational value and falls into that group of "proprietary publications" analogous to proprietary drugs—inasmuch as it will do no good and may do harm.

WILLIAM B. TERHUNE.

Connecticut Society for Mental Hygiene.

PROCEEDINGS OF THE INTERNATIONAL CONFERENCE OF WOMEN PHYSICIANS. New York: The Women's Press, 1920. 6 vols.

The International Conference of Women Physicians held at New York City in the fall of 1919 was an event of importance both because of the nature of the conference and because the program arranged was unusually rich in subject matter. One does not readily recall a medical program that has considered so fully medico-social problems. The program was particularly interesting to mental hygienists because of the very considerable attention given to the problems of nervous and mental disease and their social consequences.

The papers read at the conference have now been printed in six pamphlet volumes as follows:

1. General Problems of Health.
2. Industrial Health.
3. Health of the Child.
4. Moral Codes and Personality.
5. Adaptation of the Individual to Life.
6. Conservation of the Health of Women in Marriage.

Volumes three, four, and five will be found particularly valuable to those interested in mental hygiene, among the contributors being Dr. William A. White, Dr. Edith R. Spaulding, Dr. John T. MacCurdy, Dr. G. Stanley Hall, Dr. Horace W. Frink, Dr. Lucile Dooley, Dr. Max J. Exner, Dr. Edward J. Kempf, Dr. Constance Long, Dr. Esther L. Richards, Dr. George S. Amsden, Dr. Eleanor Bertine, and Dr. Jessie Taft.

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

OLD AT FORTY OR YOUNG AT SIXTY. By Robert S. Carroll, M.D. New York: The Macmillan Company, 1920. 147 p.

This book deals with truisms and what might seem at first glance commonplaces. Eat properly, exercise regularly, play a little, sleep as necessary, cultivate mental poise, and you will defer the ravages of old age, are the principal points. And yet as one reads one is convinced that Dr. Carroll has stated these salient principles of correct living with something of the evangelistic spirit. The reviewer, at any rate, finds himself resolving to turn to tennis again next summer, so insistent is the advice and so attractive the hoped-for result.

The book will be welcomed by the class of readers for which it is planned.

A. WARREN STEARNS.

Massachusetts Society for Mental Hygiene.

NOTES AND COMMENTS

California

Assembly Bill 598 would establish two psychopathic hospitals "with the necessary laboratories and out-patient departments to furnish facilities for the study of the nature, causes, treatment, and modes of prevention of mental diseases and abnormalities, and the dissemination of knowledge derived from such study.

"This study and educational work aim particularly at the border line and early evidences of mental derangement and look toward securing information which will assist in early recognition and treatment of such disorders at a stage in which treatment and preventive measures promise success."

The hospitals are to be conducted by a board of managers, appointed by the governor, one representative each from the academic staff of the Leland Stanford Junior University, from the state board of charities and corrections, from the state hospital service, and from the regents of the University of California.

The director of each hospital shall be appointed by the board of managers on nomination by the regents of the University of California. The directors must be psychiatrists and shall have entire supervision of the medical care, study, and treatment in these hospitals. They shall also give instruction in nervous and mental diseases to students.

Equal teaching and research privileges shall be granted to all class A medical schools in the state. Definitions and regulations of these privileges shall rest with the director of each hospital.

The sum of $800,000 is appropriated for a period of two years, one-half to be expended for land, construction, and equipment for each hospital with its laboratories and out-patient department. One hospital is to be located at or near the University of California medical school and the other in or near the city of Los Angeles. For maintenance of these two hospitals, there is appropriated for the second year of the biennium $200,000, one-half of this amount for each hospital. This sum is exclusive of expenses connected with the teaching and scientific research mentioned above. Patients who are able to pay shall be obliged to do so and the money thus collected shall also be available for maintenance purposes.

The following provision is included in Senate Bill No. 394, introduced in the present legislature:

"Whenever any insane prisoner held under observation for the purpose of determining his mental condition is being taken to or from any hospital, jail, courtroom, or sanatorium, such person shall be accompanied by a trained medical attendant."

Connecticut

A new Children's Code has been submitted to the General Assembly of Connecticut. This code is the result of a study made by a special commission appointed by the governor in accordance with an act of the 1919 legislature. This commission was authorized to investigate the laws, conditions, and practices of Connecticut and other states and countries relating to dependent, neglected, defective, and delinquent children, and to embody in its report a proposed code of laws for child welfare. The recommendations of the commission are principally along three lines: the creation of a bureau of child welfare, the establishment of a juvenile court and probation system, and the organization of a division of special education and standards under the state board of education. This latter provision would give to the state board of education the power to arrange for the training of children who are below normal mentally. This division would have supervision of the education of all children from four to sixteen years of age who are legal charges of the state institutions for children or of any child-caring institution or agency licensed by the bureau of child welfare, and of all children in special classes or special schools established in accordance with the provisions of the code.

Other sections of this code would amend acts relating to the commitment to and parole from the Mansfield State Training School and Hospital, the state institution for mental defectives and epileptics.

The report recognizes that dependency and delinquency are frequently associated with mental subnormality; also that defective delinquents constitute a group requiring specialized treatment, that the defective delinquent should be differentiated from the reformable delinquent of relatively normal intelligence, and that the uncared-for mental defective may become a burden if not a menace to the community.

The report estimates the mentally defective children in the state at 2,500.

One section gives the Juvenile Court the power, in its discretion, to establish the status of "vocational probation," instead of commitment to an institution, in the case of certain types of defective children. These children are given suitable employment and are under the supervision of probation officers of the court.

A registration to determine the number of mentally and physically handicapped children is authorized. One section of the code provides that the state shall share with local communities the expense of maintaining special classes for these children. Special classes are made permissive by one section, but mandatory on the petition of parents.

The code recognizes that there is a psychopathic condition in the

case of many sex offenders and authorizes a psychiatric examination in some instances.

The report shows evidence of very careful study of the methods of caring for children in the state and a thorough understanding of the needs. It is published in two volumes, the first volume containing the recommendation and the code of suggested laws, and the second presenting summaries of the findings upon which the recommendations were based.

Massachusetts

A bill to authorize the department of mental diseases to provide for the interstate transfer of indigent insane persons has been presented to the 1921 legislature. It would give the department the right to enter into an agreement with the corresponding board or commission of any other state for the transfer of any indigent insane person from one state to another where, after a full investigation of the facts in each case, he may be deemed to belong. In making such transfers, the department must employ nurses and attendants, as far as practicable, instead of officers of the law, and female nurses or attendants would accompany female patients.

House Bill 795 provides for state aid in the transportation of certain visitors to state institutions, whereby the parents, children, guardian, or relative of an inmate, provided such persons are in needy circumstances, may upon application to the department in charge of the institution receive transportation tickets at half rate. The department procures the necessary tickets, the visitor paying one-half and the deficiency being made up from the state treasury. Such persons may not receive tickets in this way oftener than once a month and must reside more than ten miles away from the institution.

Another bill, relating to alleged insane persons, states that any person whose sanity is questioned and who has not the means to hire experts shall be furnished competent mental experts by the court before which he is brought.

Two bills recently introduced to amend the laws relating to divorce would make insanity a cause for divorce.

Minnesota

A bill to establish a state psychopathic hospital has been introduced in the present legislature. This hospital is to be located at the University of Minnesota and to be administered and conducted by the board of regents of the university.

The regents of the university are to appoint a medical director and such other officers and employees as are necessary. The duties of the medical director are defined as follows: "to supervise and direct the medical care and treatment of all patients in the state psychopathic hospital; carry on and direct investigations into the nature, causes, and cure of abnormal mental conditions; ask for and be entitled to receive the coöperation of all experts in the employ of the university, such as physicians, surgeons, pathologists, psychologists, sociologists, and X-ray specialists; seek to bring about systematic coöperation between the state psychopathic hospital and all state institutions under the jurisdiction of the board of control, so far as these institutions may have in their custody defective persons or persons afflicted or supposed to be afflicted with any other abnormal mental condition; visit from time to time said institutions upon request of the respective superintendents thereof or upon request of the board of control; and may advise the medical officers of such institutions or the board of control or any court, on request, in subjects relating to abnormal mental conditions."

The state psychopathic hospital is designated as a place of temporary care to which any probate judge may send mental cases. The board of control may transfer patients from any institution under its control to this hospital for observation and treatment. Persons who are afflicted or supposed to be afflicted with any abnormal mental condition may be admitted to this hospital under such rules as the board of regents of the university may adopt. In every case, however, the consent of the superintendent of the university hospital must be obtained before any patient is sent to the state psychopathic hospital.

In connection with the hospital there would also be an out-patient department through which mental cases less pronounced than those thought proper for hospital residence would be received and treated.

This bill carries an appropriation of $275,000 for the construction and equipment of the psychopathic hospital.

Three bills relating to and regulating marriage and marriage licenses have recently been introduced in the legislature. One of these bills contains the following provision:

"No marriage shall be contracted while either of the parties has a husband or wife living, nor within six months after either has been divorced from a former spouse; nor between parties who are nearer of kin than second cousin, whether of the half or whole blood, computed by the rules of the civil laws; nor between persons either one of whom is epileptic, imbecile, feebleminded, insane, an habitual drunkard, affected with a venereal disease, or addicted to the use of opium, morphine, or cocaine."

A bill authorizing the sterilization of mentally defective or insane persons who have been admitted to institutions maintained wholly or in part by public expense has been presented before the 1921 legislature. This bill would apply to those patients by whom procreation would be deemed inadvisable by a board consisting of the board of the institution and the physician or surgeon in charge. If, in the judgment of the board, procreation would produce children with an inherited tendency to insanity or feeblemindedness, and there is no likelihood that the condition of the patient will improve to such an extent as to render procreation advisable, or if his condition would be improved thereby, the operation of vasectomy, salpingectomy, or any improvement on these operations may be performed. Thirty days' notice must be given to the parents or guardians. If they object, the matter may be referred to the probate court of the county in which the institution is located, where the question of mental defectiveness or insanity and the necessity for the operation shall be determined.

Missouri

A number of bills of interest have been introduced in the 1921 legislature. They are fostered by the Children's Code Commission and are bills that failed of enactment in the 1919 legislature. Many of the bills presented by this commission and its predecessors were passed by the 1917 and 1919 legislatures, as indicated in the April and July, 1919, numbers of MENTAL HYGIENE.

One of the bills reintroduced this year would establish a bureau of mental defectives, to be established in the extension division of the University of Missouri. The functions of this bureau are outlined as follows:

"The investigation, examination, and classification of, report upon, and recommendation concerning the education, treatment, and care of persons suspected of being feebleminded, and of children who may be otherwise mentally, morally, and educationally handicapped . . . to examine and certify children proposed by school authorities for special classes for the feebleminded; and to inspect the instruction, equipment, and teachers in the special public classes for blind, deaf, feebleminded, backward, crippled, and speech-defective children, and in the Missouri School for the Deaf at Fulton, the Missouri School for the Blind at St. Louis, the Colony for the Feebleminded and Epileptic at Marshall, the Missouri Reformatory and Missouri Training School for Boys at Boonville, the Industrial Home for Girls at Chillicothe, the Industrial Home for Negro Girls at Tipton, and similar institutions which may be hereafter established."

Other bills presented under the same auspices would prohibit the marriage of mental defectives, revise the law for commitment to the state institution for mental defectives, making it mandatory, extend the provision for special instruction in the public schools to include classes for speech defectives, backward children, and those on the border line of mental deficiency, but not feebleminded. A law enacted in 1919 established special classes for the feebleminded (pages 287 and 288, April, 1919, MENTAL HYGIENE). Another bill would vest the supervision of the instruction in all the state schools for the deaf, blind, feebleminded and epileptic, the reformatories, training schools, and industrial homes, in the state superintendent of schools.

Montana

A bill authorizing the sterilization of inmates of institutions for the insane and feebleminded failed of enactment in the 1921 legislature. This bill would have allowed the performance of such operation for the prevention of procreation as was deemed safest and most effective, upon those inmates by whom procreation seemed inadvisable and in whose condition there was no likelihood of improvement. The committee to determine these points would have been composed of two skilled surgeons and the superintendent or chief physician of the institution.

New Jersey

Much interest is shown in providing a state institution for mentally defective children in the northern part of the state. This movement is backed by the medical profession, juvenile-court judges, police departments, probation officers, and various clubs in different cities. New Jersey has two other institutions for mental defectives, one caring for males and the other for females, but the present facilities are inadequate, and there is a long waiting list, especially from the northern part of the state. Two bills have recently been introduced to provide for an institution in this part of the state, one carrying an appropriation of $400,000 and the other $300,000.

New York

A bill recently introduced in the legislature would convert the state reformatory at Napanoch into a state institution for the care, training, and treatment of mental defectives. There would be committed to this institution male mental defectives over sixteen years of age who have been charged with, arraigned for, or convicted of criminal offenses. Male inmates of a state prison, reformatory, or other penal or correctional institution who are over sixteen years of age and are found to be mentally defective may be transferred to this institution.

By the terms of a concurrent resolution of the senate and assembly there would be created a commission or commissioner on mental hygiene, which would visit and inspect all institutions for the care and treatment of the insane, epileptics, and mental defectives. This commission would take over the duties of the present State Hospital Commission and the Commission for Mental Defectives. If this measure is approved, it must be submitted to the people at the next general election.

Oregon

A bill passed by the 1921 legislature, which will be submitted to the voters at the next general election, requires all persons applying for a marriage license to have an examination as to their health in regard to contagious or communicable venereal disease and their mentality. If one or both of such applicants fail to pass the health and mental tests, they shall not be permitted to marry unless one or both are rendered sterile. The examinations must be made by a regularly licensed competent physician, whose certificate must be made under oath, and in addition to containing a statement as to the mental qualifications of the applicants, must show the educational qualifications of the physician.

Chapter 216, 1921 Laws of Oregon, approved February 23, authorizes the Oregon State Board of Control, in coöperation with the United States Bureau of Immigration, to arrange for the deportation of all alien public charges. The board must also return all non-resident public charges to the states in which they have legal residence. The term "public charges" applies to all persons now confined in or who may be later admitted or committed to any public institution in the state.

The board may enter into an agreement with any state for the mutual exchange of public charges who are non-residents. All expenses incurred in returning such persons to another state shall be borne by the state of Oregon, but the expense of returning residents of this state shall be paid by the state making the return.

Whenever an insane person is brought into Oregon for treatment at a hospital or sanitarium caring for such patients, the hospital or sanitarium must be responsible for his return, if he is discharged without having recovered.

Pennsylvania

A bill has recently been introduced to create a department of public welfare composed of five bureaus—charities, mental hygiene, de-

linquency, children, and finance. At the head of the department would be a commissioner of public welfare, with a director for each bureau. The commissioner would be appointed by the governor with the consent of the senate, and the directors by the commissioner, with the advice and consent of the governor. This act would abolish the existing Board of Public Charities, the Committee on Lunacy, and the Prison Labor Commission.

The bureau of mental hygiene would have jurisdiction over all institutions, houses, or places, within the jurisdiction of the department, in which persons of unsound mind are detained. It must adopt and publish a schedule of classes of institutions and places within its jurisdiction and supported by the commonwealth in whole or in part, and prescribe minimum standards for care and treatment and minimum rates to be charged. It must visit and investigate every such place at least once a year. It would require detailed reports from all these places with respect to maintenance, care, training, and condition of all persons of unsound mind.

South Dakota

A State Commission for the Control of the Feebleminded has been created by a law approved March 3, to be effective July 1, 1921. This commission is to consist of the superintendent of the state institution for mental defectives, as chairman; one physician, one psychologist, one sociologist, and one lawyer, to be appointed by the governor.

The purpose of the act is to provide that all feebleminded persons residing within the state shall become permanent wards of the state and shall be segregated to prevent reproduction.

Power to make all necessary regulations pertaining to the segregation, care, and control of feebleminded persons, not in conflict with the laws of the state, is given to this commission.

The commission is authorized to make a survey of all state institutions and of the state generally to ascertain the persons who are feebleminded and subject to the provisions of this act. Parents of feebleminded children and teachers are expected to report them to the commission.

The sum of $8,000 is appropriated to carry out the purposes of the act.

Utah

A bill authorizing admission to the state mental hospital of persons making voluntary application for treatment has failed to pass.

Canada

The Speedwell Military Hospital, at Guelph, Ontario, formerly the Ontario Reformatory, is to be converted into a hospital for the criminal insane. Extensive alterations are being made, and it is planned to develop this hospital along lines similar to the Matteawan State Hospital, New York.

The National Committee for Mental Hygiene Moves to New Quarters

Coördination of the work of important voluntary national health agencies will become a reality on May 1, when a number of these organizations will take possession of two floors of the Penn Terminal Building, in Seventh Avenue at Thirty-first Street, New York City.

Each organization will retain full autonomy, and the new arrangement is in no sense a merger. It is an effort to bring the organizations together for economy in overhead expenses and for coöperation in health programs. A Common Service Committee has been organized, composed of representatives of the agencies originally interested in the project.

This is a further step in the development of the National Health Council organized last fall. The council begins its functioning in coöperation with the joint establishments of the health agencies with New York offices, where they may work together for the betterment of health work and the prevention of disease in the United States.

The present direct participating members of the National Health Council are the American Public Health Association, American Red Cross, American Social Hygiene Association, Conference of State and Provincial Health Authorities of North America, Council on Health and Public Instruction of the American Medical Association, National Child Health Council (representing indirectly at present its own constituency not otherwise a part of the council—namely, the American Child Hygiene Association, the Child Health Organization of America, and the National Child Labor Committee), National Committee for Mental Hygiene, National Organization for Public Health Nursing, and the National Tuberculosis Association. As a conference or advisory member of the council, there is the United States Public Health Service.

On the fifteenth floor of the Penn Terminal Building will be the offices of the American Social Hygiene Association, The National Committee for Mental Hygiene, the National Organization for Public Health, coöperating with the American Nurses' Association and the League for Nursing Education, and the National Tuberculosis Association.

On the sixteenth floor there will be offices for the American Public Health Association, formerly in Boston; the Bureau of Social Hygiene; the Child Health Organization of America; probably the liaison office of the United States Public Health Service; the National Health Council, with the Common Service Committee; the Maternity Center Association; the New York Diet Kitchen Association; the New York Community Service; and probably the American Society for the Control of Cancer.

Social Service in Hospitals and Clinics

The report of the committee appointed by the trustees of the American Hospital Association in the spring of 1920, for the purpose of surveying and offering recommendations upon social service as a phase of the activities of hospitals and dispensaries, has recently been printed in *Hospital Social Service*. The committee was composed of Michael M. Davis, Jr., Chairman; Dr. Louis B. Baldwin, Miss Ida M. Cannon, Miss Lillian Clayton, Miss Ruth V. Emerson, Dr. S. S. Goldwater, Miss Edna Henry, Dr. Joseph B. Howland, Miss Mary C. Jarrett, Porter R. Lee, Dr. James A. Miller, Rev. Father John O'Grady, Fred M. Stein, Miss Katherine Tucker, Miss Mary E. Wadley, Dr. A. R. Warner, and Dr. Frankwood E. Williams. The survey was made by Dr. Anna M. Richardson.

The report covers such items as function and organization, education of social workers, education of psychiatric social workers, relation of the hospital or dispensary social service to the medical care of the patient, assistance rendered the hospital or dispensary in its administrative activities, and responsibility of the hospital social service to the community. Under the heading of *Function* the report states: "(a) The basis of hospital social service is its relation to the medical care of the patient. The restoration and maintenance of health depend in many instances, not only on accurate diagnosis and direct medical treatment of pathological conditions of the body, but also upon dealing with the patient's personality, and upon the alteration or adjustment of his home conditions, occupations, habits, and community relations. The wise physician understands the connection of social and medical elements and seeks a knowledge of both before determining his final program for treatment. Within the medical field itself, the advance of science requires the physician to call upon specialists in many branches, upon the laboratory and the X-ray, in order that he may be able to secure all necessary data and judgments about his patient. The social worker is called upon to secure facts, and to aid in interpreting them, in order to provide a basis for a plan of treatment which takes into account both the medical and the social elements. The social worker also aids in the carrying out of treatment.

The merging of the social work with the medical work is essential to effective use of the social worker. Social treatment must have as its aim the promotion or accomplishment of the doctor's plan of treatment—a plan that has taken into consideration the personal and environment elements as well as the medical. Entering more into detail, it may be said that it is a primary duty of social service in a hospital or dispensary to assist in the cure and prevention of disease in individual cases by such activities as:

1. Discovering and reporting to the physicians facts regarding the patient's personality or environment which relate to his physical condition.
2. Overcoming obstacles to successful treatment such as may exist or arise in his home or his work.
3. Assisting the physicians by arranging for supplementary care when required.
4. Educating the patient in regard to his physical condition in order that he may coöperate to the best advantage with the doctor's program for the cure of the illness or the promotion of health.

"(b). The primary work of hospital social service, therefore, is work with individual patients. In this respect, the work corresponds to that of the medical service of the same institution.

"Work with individual patients, whether by physician or social worker, is called case work, meaning that all the relevant facts (medical, social, or both) about the individual must be secured, analyzed, and interpreted as a basis for a diagnosis of the disease or problem and a program for dealing with it. The body of facts constitutes the 'case.' It is hardly necessary to add that social case work with individual patients requires and implies knowledge of the patient's family and of its community relations.

"No hospital can, in the opinion of the committee, be regarded as possessing a social-service department unless the primary function of assistance in the medical care of the patients is practiced as one of the main activities of the department. The size of the department (whether one worker or twenty) has no bearing on this judgment."

After discussing certain administrative activities, the report continues:

"(c). As with hospital and dispensary, so social service in a number of properly equipped and favorably situated institutions can and should participate actively in education, in the training of medical students, of nurses, and of hospital social workers themselves; and social-service departments in all institutions should have educational

interests and by-products. Likewise, medical-social research should be pursued, collecting and interpreting data which will shed light upon the social relations, the causes, and the means of dealing with disease."

As to *Organization* the report says, "As a fundamental general principal, social service should be organized as a department of the hospital," and, "This form of organization implies the direct responsibility of the head worker of the department to the superintendent or chief executive officer of the hospital."

In the matter of *Education*, the committee believes that the elements that should be derived from training and experience are five in number:

"1. Knowledge of the chief diseases, groups of diseases, and health problems, primarily in their social implications.
2. Understanding of the social, industrial, and economic problems as they affect family life.
3. Knowledge of the purposes and activities of the chief public and private health and social agencies and of legal and community conditions which affect health.
4. Understanding of the traditions and customs of the medical profession and of medical institutions.
5. Ability to utilize both knowledge and personal qualities in attaining understanding of people and practical results in coöperation, guidance, and leadership."

The committee further states that "any course of training for hospital social service should include the two elements of didactic instruction and practical experience under supervision. These two branches should be closely related as parts of one curriculum. There is a certain parallel between the methods of teaching medical students in the hospital or dispensary and the methods of teaching social workers. Both the medical student and the medical social worker need to learn to deal effectively with individual patients. Both are in this sense case workers. The acquirement of this ability depends in each instance upon a combination skill, applied by an adequate personality; and the education which shall make this acquirement possible must effect the right combination of the didactic and the practical elements. The parallel should not be carried too far."

The survey disclosed the fact that there is at the present time considerable diversity in the training of social workers and recommended that the American Hospital Association form a committee on training for hospital and dispensary social service, composed of physicians, nursing educators, hospital social workers, and educators in general social service, to make further studies and recommendations upon this subject.

Function and Training of the Psychiatric Social Worker

With the rapid development in the field of psychiatric social work, it has seemed important that an effort be made to define the function of the psychiatric social worker and to determine a standard of training. That these subjects might be discussed, a conference of those engaged in the training of psychiatric social workers and those interested in the services of such workers was called by The National Committee for Mental Hygiene. There were present: Dr. E. Stanley Abbot, Medical Director of the Mental Hygiene Committee of the Public Charities Association of Pennsylvania, Philadelphia; Dr. C. Macfie Campbell, Director, Boston Psychopathic Hospital; Professor F. Stuart Chapin, Director, Smith College Training School for Social Work, Northampton, Mass.; Mr. Everett S. Elwood, Secretary, New York State Hospital Commission, Albany; Miss Ruth V. Emerson, Director of the Bureau of Medical Social Service, The American Red Cross, Washington, D. C.; Dr. Bernard Glueck, Department of Mental Hygiene, New York School of Social Work, New York City; Miss Beatrice M. Gosling, Director, Psychiatric Social Work, Department of Health, Newark, N. J.; Miss Edith A. Howland, Field Worker, Atlantic Division, The American Red Cross, New York City; Miss Mary C. Jarrett, Associate Director, Smith College Training School for Social Work, Northampton, Mass.; Miss Suzie L. Lyons, Social Worker, Henry Phipps Psychiatric Clinic, Baltimore, Md.; Dr. Thomas W. Salmon, Medical Director, The National Committee for Mental Hygiene, New York City; Miss Gertrude C. Scott, U. S. Public Health Service, New York City; Dr. William B. Terhune, Medical Director, Connecticut Society for Mental Hygiene, New Haven; Dr. Frank D. Watson, Director, Pennsylvania School for Social Service, Philadelphia; Dr. Frankwood E. Williams, Associate Medical Director, The National Committee for Mental Hygiene, New York City. Dr. Campbell, as Chairman of the Committee on Education of The National Committee for Mental Hygiene, served as chairman of the conference.

It was agreed that the psychiatric social worker was essentially a social case worker who has had special training in social psychiatry and in the application of psychiatry to social problems and case study and treatment. Her function was defined as one of assistance to and coöperation with the physician in restoring the patient to health and social adjustment; specifically (1) to facilitate admission to hospital or clinic and to facilitate continuance of treatment by removing personal and family prejudices in regard to treatment; (2) to bring to the physician personal and social data helpful in arriving at a diagnosis and in outlining treatment; (3) to assist in carrying out the treatment advised; (4) to interpret the function of the hospital or clinic

to the patient, the family, and such community organizations as are interested in the patient; (5) to undertake social investigations that will contribute to medico-social research.

In the discussion it was emphasized that in her study of the social factors involved in the case—family and neighborhood relationships, economic conditions, occupational environment, recreational and other diversional opportunities, or lack of them, and the like—the social worker has a distinct and unique contribution to make to the understanding of the patient; that the relationship between the physician and social worker is not comparable to that between physician and nurse; that, in the field of her special experience and training, the social worker should be encouraged to the use of initiative, and that, in the carrying out of treatment outlined by the physician, she should be encouraged to use her judgment and experience, under the guidance and general direction at all times, however, of the physician.

It was agreed that an applicant for training in psychiatric social work should have had a college education or its equivalent. It was agreed that it was not practicable to attempt to train such workers in a course of less than nine months, and that the course should be preferably eighteen months; that the course should include both didactic and field work; that the field work might be given either concurrently with the didactic work or apart from it; that the field work should be under careful and expert supervision and that, if it is given apart from the didactic work, provision should be made for conferences at regular intervals and concurrent reading; that in the division of time between the didactic and field work a minimum requirement of field work should be six months.

For Callouses on Your Feet See the Orthopedist; For Nervousness Take Petroleum Oil

An eminent health commissioner of one of our largest cities conducts a column on health that is syndicated to various newspapers. While breakfasting in Montgomery, Alabama, recently, we read in the *Montgomery Advertiser* an interesting account of anthrax infection and then turned to the column in which the commissioner answers inquiries. Among the questions and answers we found these two:

> Q.—I am 47 years old and am troubled very much with callouses on my feet. I bathe them with hot water and soda two and three times a week and then cut the callouses away. I get relief for a short time only. I have to be on my feet in order to earn a living and have tried several remedies to no avail.
>
> A.—I would suggest that you consult an orthopedic clinic or your own physician.

Q.—Kindly advise me what I can do for nervousness, as I am very nervous. I am a young man 24 years old.

A.—Nervousness is sometimes due to constipation. I would advise you to take a tablespoonful of petroleum oil every night before retiring. Get regular exercise and plenty of sleep.

The National Conference of Social Work

A meeting of the National Conference of Social Work will be held in Milwaukee, Wisconsin, June 22 to 29. The following program is announced for the Mental-Hygiene Section:

Section Meeting I

Mental-Hygiene Problems of Normal Childhood and Youth.

In Elementary Schools.

Esther Loring Richards, M.D., Instructor in Psychiatry, Johns Hopkins University.

In Secondary Schools.

Jessie Taft, Director, Mental-Hygiene Clinic, The Children's Bureau, Philadelphia.

In College.

Frankwood E. Williams, M.D., Associate Medical Director, National Committee for Mental Hygiene.

Section Meeting II

Mental-Hygiene Problems of Subnormal Children.

In the Public Schools.

Meta L. Anderson, Supervisor of Special Classes, Public Schools, Newark, N. J.

In Institutions.

V. V. Anderson, M.D., Associate Medical Director, National Committee for Mental Hygiene.

In the Community.

William C. Sandy, M.D., Psychiatrist, N. Y. State Commission for Mental Defectives.

Section Meeting III

Mental-Hygiene Problems of Maladjusted Children.

In a Public Clinic.

Arnold L. Jacoby, M.D., 1st Asst. Physician, State Psychopathic Hospital, University of Michigan, Ann Arbor.

In School.

From the Teacher's Point of View.

Elizabeth E. Farrell, Inspector of Ungraded Classes, Department of Education, New York City.

From the Physician's Point of View.
Sanger Brown, II, M.D., Asst. Director, Classification Clinic, Neurological Institute, New York City.
In Institutions.
Herman M. Adler, M.D., State Criminologist of Illinois.

SECTION MEETING IV (Suggested joint meeting with Division IV, on time of Div. VIII.)
Educational Value to the Community of Mental-Hygiene Agencies.
The Psychopathic Hospital.
William F. Lorenz, M.D., Director, Wisconsin Psychiatric Institute.
Psychiatric Social Work.
Mary C. Jarrett, Associate Director, Smith College Training School for Social Work.
Mental-Hygiene Clinics.
H. Douglas Singer, M.D., State Alienist of Illinois.
Mobile Psychiatric Clinics.
Albert M. Barrett, M.D., Director, State Psychopathic Hospital, University of Michigan, Ann Arbor.

SECTION MEETING V
Mental Hygiene in Education.
What Teachers Want to Know About Mental Hygiene.
William H. Burnham, Professor of Pedagogy and School Hygiene, Clark University, Worcester, Mass.
The Part Mental Hygiene May Play in the Solution of School Problems.
Eleanor H. Johnson, formerly Social Worker, Bureau of Ungraded Classes, Department of Education, New York City.
Speech Disorders in School Children.
Smiley Blanton, M.D., University of Wisconsin.

At the meeting of the Division on the Family Dr. William Healy of Boston will read a paper on *The Application of Mental Tests to Family Case Work;* Dr. Marion E. Kenworthy, of the New York School of Social Work, one on *Extra-medical Service in the Management of Conduct Problems in Children;* and Miss Elizabeth Dutcher, of the New York Charity Organization Society, one on *Possibilities of Home Supervision for Border-line Women.* In the Division on Children there will be a discussion under the direction of C. V. Williams of Boston, Chairman of the Subcommittee on Standards of Care for Dependent Children, on *Admissions to Child-Caring Institutions and Societies.* In this discussion, the following questions will be considered: How much ought we to know about the child? How much do we

know as a usual thing? What are some of the results of the average admission job? What values are conserved through careful admission work?

Mental Hygiene, Muhlenberg College

Muhlenberg College, Allentown, Pa., plans to enlarge its service to teachers and health workers at the summer session of 1921 by the addition of courses in mental hygiene as related to work in education. These courses have been arranged to meet in part the need expressed at the meeting of the National Council of Education of the National Education Association at Atlantic City in March.

Courses are being arranged by Norbert J. Melville, A.M., Assistant Director of the Mental Hygiene Committee of Pennsylvania, and President of the Child Hygiene Round Table of the Pennsylvania State Educational Association. The courses will be given by Dr. Clarence A. Patten, formerly assistant physician at the Pennsylvania Hospital for Mental Disease, and at the present time instructor in the Graduate School of Medicine, University of Pennsylvania, and assistant in the Out-patient Department of the Neurological Service of the Polyclinic Hospital, Philadelphia, and by Mr. Melville.

The following courses will be offered:

1. Educational Mental Hygiene—an introductory course in the principles of psychiatry as applied to education. The problems of normal physical and mental development in childhood, youth, and maturity. These problems will be presented from the standpoint of classroom management and the growth of the teacher's personality. A critical study of the current ideas on mind and conduct.

2. Mental Mechanisms—an advanced course with consideration from a practical standpoint of adjustments, behavior, self-control, attitudes, and emotions. The problem of difficult children with special reference to maladjustments, precocity, and abnormal conduct. Open to students who have completed Course 1.

3. Group Testing—an introductory course in the principles and methods of testing intelligence and other functions. Practical demonstrations and training in standardized procedures in applying and scoring tests, including the simpler statistical treatment of results. The basis of the course will be the series of group and individual scales for pre-clinical testing and classification used in the Mahanoy Township mental-hygiene survey. Students will be required to attend demonstration mental clinics, conducted by various specialists.

4. Advanced Educational Diagnosis—a detailed psycho-educational and psychiatric study of general and specific abilities and disabilities, emotional attitudes, and difficulties, etc., with their attendant physical defects and disorders. Detailed technique and interpretation of physical and mental measurements, of medical and social studies, and

clinical demonstrations by specialists in various phases of education, psychiatry, and social investigation. Open only to advanced students.

5. Introduction to Statistical Methods, with special reference to the biometric study of the individual. The aims of this course will be: first, to prepare one to read and understand statistical reports of modern investigations in education; second, to prepare and interpret percentile tables, correlations, graphs, and individual indices; third, to develop an appreciation of the general aims, values, and limitations of statistical methods in education.

6. Mental-Hygiene Surveys of School Children—an advanced course in the organization and administration of mental-hygiene surveys of classes and school systems. Clinical and statistical interpretation of group and individual measurements and studies, both psycho-educational and psychiatric. Reorganization of school grading, promotion, courses of study, methods of discipline, and the records and reports. The principles, methods, and results of the mental-hygiene survey of the school children of Mahanoy Township and other psycho-educational surveys conducted under the auspices of mental-hygiene committees will be presented and discussed.

7. Special investigations in problems of educational mental hygiene.

During the week of June 27 to July 2, a series of conferences on the mental hygiene of childhood and youth will be conducted by Dr. Frankwood E. Williams, Associate Medical Director of The National Committee for Mental Hygiene, at which such topics as the *Opportunity for Mental Hygiene in the Rural School, The Problem of the Child Entering School, Mental Hygiene and School Conduct,* and *Mental Hygiene of Gifted Children* will be discussed by experts in these fields.

Smith College Training School for Social Work

The third session of the Smith College Training School for Social Work begins on July 5th of this year. Owing to the large registration of new students last summer, the graduating class will be large this August. At the present time twenty-eight students are receiving their training in practice work in the courses in psychiatric social work, medical social work, and community service. Training centers have been established in Boston, New York, Cincinnati, and Minneapolis for students in psychiatric social work. Students in medical social work are in training in Boston and New York, and students in community service in Boston and Philadelphia. The students who are now in training at hospitals and settlements will return to the concluding summer session of their courses this summer, bringing with them some very interesting material gathered from their practical experience, which will be worked up into theses. The outlook for a large entering class is promising.

Dr. Frankwood E. Williams, Associate Medical Director of The National Committee for Mental Hygiene, will be in charge of the course in social psychiatry this summer and Dr. Florence L. Meredith, Associate Director of Hygiene in the Woman's Medical College of Pennsylvania, will be in charge of the courses in social medicine.

Inquiries relative to courses of instruction, tuition fees, living expenses, etc., should be addressed to The Director, Smith College Training School for Social Work, Northampton, Massachusetts.

Lehigh University Extension Courses

As an outgrowth of the courses in mental hygiene offered during the 1920 summer session at Lehigh University, there has been conducted by the extension service of the university a series of courses during the past winter. These courses have been under the direction of Norbert J. Melville, A.M., Assistant Director of the Mental Hygiene Committee of Pennsylvania. Four courses have been conducted in Philadelphia, two in Atlantic City, and one each in Mahanoy and Pottsville, Pa., Pleasantville, N. J., and Lehigh. The general plan has been for a thirty-hour course, two hours a week for fifteen weeks.

Court Clinic in Detroit

A psychopathic clinic is being established in connection with the Recorder's Court of Detroit. Dr. Arnold L. Jacoby, formerly first assistant physician at the State Psychopathic Hospital, Ann Arbor, Michigan, has accepted the position of director. The clinic will open on April 1. It will be held in the New Municipal Court Building, and the budget, voted by the City Council of Detroit, provides for the employment of psychologists, social workers, and a clerical force. The clinic appears to have the whole-hearted support not only of the judges of the court, but of the social workers and others in Detroit interested in public-service problems.

Conference in Connecticut

On January 24, 1921, the Connecticut Society for Mental Hygiene held an interesting conference in Waterbury under the auspices of the Visiting Nurses' Association. Mr. Arthur R. Kimball, President of the Society, presided over the meeting, which was well attended by social workers, heads of industrial firms, and the public at large. The speakers of the evening were Dr. P. B. Battey, Psychiatrist at the Connecticut State Prison, Wethersfield, whose subject was *Psychiatry and Mental Hygiene in the State Prison,* Dr. William B. Terhune, Medical Director of the Connecticut Society, who spoke on *The Importance of Mental Health to the Community,* and Mrs. Helen M. Ireland, Secretary of the Society, who talked on the *Social Treatment of the Mentally Afflicted.*

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